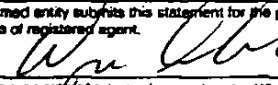
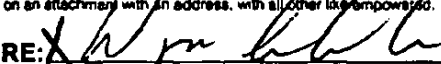


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-07-2007 90001 025 ***150.00

3/7/

DOCUMENT # P06000043679			
1. Entity Name AJ&LG PARTNERS, INC.			
Principal Place of Business 29419 ALLEGRO DRIVE WESLEY CHAPEL, FL 33543 US		Mailing Address 111 LOCKLEVEN DRIVE COLUMBIA, SC 29223 US	
2. Principal Place of Business - No P.O. Box # 30412 Princess Bay Dr		3. Mailing Address 30412 Princess Bay Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wesley Chapel FL		City & State Wesley Chapel FL	
Zip 33544		Country PASCO	
4. FEI Number 20-4582378		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARASCO, MATHEW 29419 ALLEGRO DRIVE WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Wayne Colombo 30412 Princess Bay Dr Wesley Chapel, FL 33544	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		DATE 4-2-07	
SIGNATURE 		(NOTE: Registered Agent signature required when reissuing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST COLOMBO, WAYNE 111 LOCKLEVEN DRIVE COLUMBIA, SC 29223 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Colombo, WAYNE 30412 Princess Bay Drive Wesley Chapel FL 33544 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLOMBO, WAYNE 111 LOCKLEVEN DRIVE COLUMBIA, SC 29223 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Colombo, Wayne 30412 Princess Bay Drive Wesley Chapel FL 33544 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		X 3-3-07 8139907057	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Day/Mo/Yr	

66008472



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