

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056277

FILED
Jan 03, 2007
Secretary of State

Entity Name: AJ'S MARINE INC.

Current Principal Place of Business:

22045 LAVER LANE
LAND O LAKES, FL 34639 US

New Principal Place of Business:

Current Mailing Address:

22045 LAVER LANE
LAND O LAKES, FL 34639 US

New Mailing Address:

FEI Number: 20-4727239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLTE, ANDREW
22045 LAVER LANE
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

STOLTE, ANDREW J PRES
22045 LAVER LANE
LAND O LAKES, FL 34639 US

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.

SIGNATURE: ANDREW STOLTE

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOLTE, ANDREW
Address: 22045 LAVER LANE
City-St-Zip: LAND O LAKES, FL 34639 US

Title: SVTD () Delete
Name: STOLTE, ERIKA
Address: 22045 LAVER LANE
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW STOLTE

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date