2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000070957

1. Entity Name
ALJAFARM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 4:47

Principal Place of Business	Mailing Address
1301 E. UNIVERSITY BLVD MELBOURNE, FL 32901	1301 E. UNIVERSITY BLVD MELBOURNE, FL 32901

01062009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0588589
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURGMAN, ANTHONY
1301 E. UNIVERSITY BLVD
MELBOURNE, FL 32901

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2009 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	D
NAME	BURGMAN, ANTHONY
STREET ADDRESS	1301 E. UNIVERSITY BLVD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

200156954122
06/09/09--01040--022 **150.00

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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: Anthony Burgman 5/11/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #