

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 010 ***150.00

DOCUMENT # P07000059820

1. Entity Name
A & J ENTERPRISES OF SEBRING, INC.



Principal Place of Business
**126 REVSON AVE
SEBRING, FL 33870 US**

Mailing Address
**126 REVSON AVE
SEBRING, FL 33870 US**

50001167



2. Principal Place of Business - No P.O. Box #
1843 US 27 N

3. Mailing Address
1843 US 27 N

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

01212008 Chg-P CR2E034 (12/06)

City & State
Sebring FL

City & State
Sebring FL

4. FEI Number
26-0491421

Applied For
Not Applicable

Zip
33870

Country
USA

Zip
33870

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ESPIES, KEVIN J ESQ.
220 DAL HAL BLVD
LAKE PLACID, FL 33852**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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, 2008 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 11

TITLE **D** ☐ Delete
NAME **CASPARE, ANDREA**
STREET ADDRESS **126 REVSON AVE**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D** ☐ Change ☒ Addition
NAME **John Caspare**
STREET ADDRESS **126 Revson Ave.**
CITY-ST-ZIP **Sebring FL 33876**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Andrea Caspare **Andrea Caspare** 3/17/08 863-402-9131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #