

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085690

Entity Name: AJMN FAMILY, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

7 RIVER PLACE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

7 RIVER PLACE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 75-3248144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVY, BENJAMIN
25 PINE CONE DRIVE SUITE 2A
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASZKIEWICZ, ANNA
Address: 2 RED MILL DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: PASZKIEWICZ, JACEK
Address: 2 RED MILL DRIVE
City-St-Zip: PALM COAST, FL 32164

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 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: ANNA PASZKIEWICZ

PRES

04/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date