

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90439 028 ***150.00

DOCUMENT # P93000016832					
1. Entity Name A & J MARKETING, INC.					
Principal Place of Business 123 ATLANTIC DR STE #105 MAITLAND, FL 32751			Mailing Address 200 EAST ROBINSON STREET SUITE 500 ORLANDO, FL 32801		
2. Principal Place of Business			3. Mailing Address <i>123 ATLANTIC DRIVE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <i>101</i>		
City & State			City & State <i>MAITLAND, FL.</i>		
Zip		Country		Zip <i>32751</i>	
Country		Country <i>FLORIDA</i>		4. FEI Number 59-3174879	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCEY & BROWN PA 20 N. ORANGE AVENUE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <i>JULIUS REH</i> Street Address (P.O. Box Number is Not Acceptable) <i>123 ATLANTIC DR. SUITE 101</i> City <i>MAITLAND</i> FL Zip Code <i>32751</i>		
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 <i>J. REH</i> <i>[Signature]</i> DATE <i>4/19/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REH, JULIUS G 1357 AMERICAN ELM DRIVE ALTAMONTE SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REH, ANN 1357 AMERICAN ELM DRIVE ALTAMONTE SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/19/04</i> Daytime Phone # <i>407-331-3090</i>		