

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90136 020 \*\*\*150.00

**DOCUMENT # P93000016832**

1. Entity Name  
**A & J MARKETING, INC.**



Principal Place of Business

**123 ATLANTIC DR  
STE-#105  
MAITLAND, FL 32751**

*SEE  
BELOW*

Mailing Address

**123 ATLANTIC DR  
STE-#101  
MAITLAND, FL 32751**

**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3174879**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**REH, JULIUS  
20 N. ORANGE AVENUE  
SUITE 407  
ORLANDO, FL 32801**  
*600 S. ORLANDO AVE #203  
MAITLAND, FL 32751*

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *4/11/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **VSD**  
NAME: **REH, JULIUS G**  
STREET ADDRESS: **1357 AMERICAN ELM DRIVE**  
CITY-ST-ZIP: **ALTAMONTE SPRINGS, FL**

TITLE: **PD**  
NAME: **REH, ANN**  
STREET ADDRESS: **1357 AMERICAN ELM DRIVE**  
CITY-ST-ZIP: **ALTAMONTE SPRINGS, FL**

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SEC TREASURER / V.P.*

Date: *4/11/05*

Daytime Phone #: *407-331-3090*