


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000023655

1. Entity Name
AJ ELLIOTT LOGGING, INC.



Principal Place of Business Mailing Address

**6468 OPEN ROSE DR.
MILTON, FL 32570** **6468 OPEN ROSE DR.
MILTON, FL 32570**

DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3104574 Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIOTT, KENNETH E
6025 ARNIES WAY
MILTON, FL 32570**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000482654
04/11/06-80083-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLIOTT, WILLIAM E
STREET ADDRESS	6434 TONYA DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	ELLIOTT, KENNETH E
STREET ADDRESS	6450 TONYA DR.
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	ROUGHTON, LORI A
STREET ADDRESS	5221 MORGAN RIDGE DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Lori A. Boughton* **Lori A. Boughton** **3-24-06 (850) 983-0354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #