



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2008 90108 050 ***150.00

DOCUMENT # P94000008632			
1. Entity Name AJS MANAGEMENT CORP.			
Principal Place of Business 2930 IMMOKALEE RD SUITE 4 NAPLES, FL 34110 US		Mailing Address 2930 IMMOKALEE RD SUITE 4 NAPLES, FL 34110 US	
2. Principal Place of Business - No P.O. Box # 2950 Immokalee Rd.		3. Mailing Address 2950 Immokalee Rd.	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State Naples, FL		City & State Naples, FL	
Zip 34110	Country USA	Zip 34110	Country USA
6. Name and Address of Current Registered Agent SALUAN, ANDREW J 2930 IMMOKALEE RD SUITE 5 NAPLES, FL 34110		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SALUAN, ANDREW J 2930 IMMOKALEE RD STE 4 NAPLES, FL 34110 <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 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:  Andrew J. Saluan		4/22/08 239-596-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



02192008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0558623

Applied For
Not Applicable

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