


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90195 001 \*\*\*150.00

<b>DOCUMENT # P96000047263</b> 1. Entity Name <b>A J ENTERPRISES OF PINELLAS, INC.</b>					
Principal Place of Business <b>8280 ROBIN RD LARGO, FL 34647</b>			Mailing Address <b>8280 ROBIN RD LARGO, FL 34647</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3363857</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>FAULKNER, ELIZABETH W 8280 ROBIN RD LARGO, FL 34647</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>FAULKNER, ELIZABETH W 8280 ROBIN RD LARGO, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PANKOW, ELIZABETH A</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Elizabeth A Pankow</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/06 <span style="float: right;">727 530-7539</span> <small>Date Daytime Phone #</small>		

# ATTACHMENT

Department of Health • Vital Statistics

## STATE OF FLORIDA MARRIAGE RECORD TYPE IN UPPER CASE USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

40063369

# Pg 6000047263

(STATE FILE NUMBER)

2005 ML 585826

(APPLICATION NUMBER)

### APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CHARLES JAMES PANKOW JR			2. DATE OF BIRTH (Month, Day, Year) 12/16/1949	
3a. RESIDENCE - CITY, TOWN, OR LOCATION LARGO	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) WISCONSIN	
5a. BRIDES NAME (First, Middle, Last) ELIZABETH WILLIAMSON FAULKNER		5b. MAIDEN SURNAME (If different) JONES		6. DATE OF BIRTH (Month, Day, Year) 04/25/1955
7a. RESIDENCE - CITY, TOWN, OR LOCATION LARGO	7b. COUNTY PINELLAS	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Charles James Pankow Jr</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/07/2005
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>James R. Storch</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Elizabeth Williamson Faulkner</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/07/2005
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>James R. Storch</i>

### LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 11/07/2005	18a. DATE LICENSE EFFECTIVE 11/10/2005	19. EXPIRATION DATE 01/09/2006
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>James R. Storch</i>		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C. CLS

### CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) November 12, 2005	22. CITY, TOWN, OR LOCATION OF MARRIAGE Bellaire Beach, FL		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>James R. Storch</i>	23c. ADDRESS (Of person performing ceremony) 2411 17th Ave SW - Largo 33770		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Notary stamp) James R. Storch MY COMMISSION # DD174039 EXPIRES February 22, 2007 BONDED THROUGH FAIR INSURANCE, INC.	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Amber M. Slusser</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>James R. Storch</i>		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED.

STATE OF FLORIDA - PINELLAS COUNTY

I hereby certify that the foregoing is a true copy as the same appears among the files and records of this court.

This 15th day of NOVEMBER, 2005

KEN BURKE  
Clerk of Circuit Court

By: *James R. Storch*  
Deputy Clerk