

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 06, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000047565**

1. Entity Name  
AJT, INC.



Principal Place of Business

8910 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920 US

Mailing Address

8910 ASTRONAUT BLVD  
CAPE CANAVERAL, FL 32920 US



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3378546

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

TERAN, ALFREDO J.  
808 W. CENTRAL BLVD.  
CAPE CANAVERAL, FL 32920

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P
NAME	TERAN, ALFREDO J.
STREET ADDRESS	808 W CENTRAL BLVD
CITY-STATE-ZIP	CAPE CANAVERAL, FL
TITLE	VP
NAME	DEEKS, PETER C
STREET ADDRESS	2170 REYNARD PLACE
CITY-STATE-ZIP	MERRITT ISLAND, FL
TITLE	VPS
NAME	WOOD, RICHARD G
STREET ADDRESS	255 BANANA BLVD
CITY-STATE-ZIP	MERRITT ISLAND, FL
TITLE	VP
NAME	HARGROVE, ARTHUR J
STREET ADDRESS	1711 WALLER ROAD
CITY-STATE-ZIP	HUNTSVILLE, AL
TITLE	T
NAME	SHERARD, MARCO
STREET ADDRESS	4780 YUMA TRAIL
CITY-STATE-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-2005 321-783-788