

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 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



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3378546

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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, 2007 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-ST-ZIP CAPE CANAVAREL, FL

TITLE VP  
NAME DEEKS, PETER C  
STREET ADDRESS 2170 REYNARD PLACE  
CITY-ST-ZIP MERRITT ISLAND, FL

TITLE VPS  
NAME WOOD, RICHARD G  
STREET ADDRESS 255 BANANA BLVD  
CITY-ST-ZIP MERRITT ISLAND, FL

TITLE T  
NAME SHERARD, MARCO  
STREET ADDRESS 4780 YUMA TRAIL  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000635950  
02/23/07-80035-016 158.75

**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:

*Alfredo Teran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-12-07

Daytime Phone #

321-783-7989