

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 021 ***158.75

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

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3378546	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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, 2008 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	

**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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-08

Date

321-783-7989

Daytime Phone #