


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90331 024 ***150.00

DOCUMENT # P97000049722

1. Entity Name
AJ/HP VENTURER, INC.



Principal Place of Business Mailing Address

8917 WESTERN WAY 8917 WESTERN WAY
 SUITE 6 SUITE 6
 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

14001077

2. Principal Place of Business 3. Mailing Address


6675 Corporate Center Pkwy *6675 Corporate Center Pkwy*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 *Suite 100*

City & State City & State

Jacksonville, FL *Jacksonville, FL*

Zip Country Zip Country

32216 *32216*



03212005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3456502 Not Applicable

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

6. Name and Address of Current Registered Agent

GRAGG, K L
200 S BISCAYNE BLVD.
SUITE 400
MIAMI, FL 33131

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 _____ (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 \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLEY, W A	
STREET ADDRESS	8917 WESTERN WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONN, JEFFREY A	
STREET ADDRESS	8917 WESTERN WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Coley, W A</i>	
STREET ADDRESS	<i>6675 Corporate Center Pkwy, Ste 100</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32216</i>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Conn, Jeffrey A</i>	
STREET ADDRESS	<i>6675 Corporate Center Pkwy, Ste 100</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32216</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Date: *4/19/05* Daytime Phone #: *9043639002*