

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000012537

1. Entity Name  
AJJ'S WAREHOUSE FOODS, INC.



**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90053 050 \*\*\*150.00

Principal Place of Business  
14821 N 7TH STREET  
DADE CITY, FL 33523 US

Mailing Address  
36845 CHRISTIAN RD.  
DADE CITY, FL 33523 US

2. Principal Place of Business  
36845 CHRISTIAN RD  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
DADE CITY, FL  
Zip  
33523  
Country  
US

City & State  
Zip  
Country

03032005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3492907  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 S.W. 22ND ST., 4TH FLOOR  
MIAMI, FL 33145

## 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  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WEBB, JOHN J	
STREET ADDRESS	36845 CHRISTIAN RD	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANUSBIGIAN, ANDREW	
STREET ADDRESS	35153 QUIET OAK LN	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANUSBIGIAN, ANDREW D	
STREET ADDRESS	950 VALLEY VIEW CIRCLE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
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		<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
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STREET ADDRESS		
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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: John Webb JOHN J WEBB President 3-30-05 352-518-8258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #