

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000019527 1. Entity Name A. J. ENTERPRISES OF BONITA SPRINGS, INC.																																																																																																														
Principal Place of Business 1650 WINDY PINES DR # 10 NAPLES FL 34112			Mailing Address 1650 WINDY PINES DR # 10 NAPLES FL 34112																																																																																																											
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																											
City & State			City & State																																																																																																											
Zip		Country		4. FEI Number 65-0902552																																																																																																										
5. Certificate of Status Desired ☐		☐ \$8.75 Additional Fee Required																																																																																																												
6. Name and Address of Current Registered Agent CEBALLO, SALLY ANN 1650 WINDY PINES DR 1700 NAPLES FL 34112				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																										
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 reappointing)																																																																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">O</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CABALLO, SALLY ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1650 WINDY PINES DR #10</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CEBALLO, ALFRED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1650 WINDY PINES DR #10</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	O	☐ Delete	NAME	CABALLO, SALLY ANN		STREET ADDRESS	1650 WINDY PINES DR #10		CITY - ST - ZIP	NAPLES FL 34112		TITLE	MGR	☐ Delete	NAME	CEBALLO, ALFRED		STREET ADDRESS	1650 WINDY PINES DR #10		CITY - ST - ZIP	NAPLES FL 34112		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Sally Ann Ceballo</u> 3-31-06 239-949-4977																																																																																																														