2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000034965

1. Entity Name
A.J.'S PRO PERCUSSION CENTER, INC.

Principal Place of Business	Mailing Address
4340 WEST HILLSBOROUGH AVE. STE. 208 TAMPA, FL 33614	4340 WEST HILLSBOROUGH AVE. STE. 208 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

01272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3570266	Not Applicable

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

6. Name and Address of Current Registered Agent

ALTIERI, ADOLPH J
16137 VANDERBILT DRIVE
ODESSA, FL 33556

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000083522 03/10/04—80042-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ALTIERI, ADOLPH J III
STREET ADDRESS	16137 VANDERBILT DRIVE
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	SDV
NAME	ALTIERI, GRACE M
STREET ADDRESS	16137 VANDERBILT DRIVE
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	
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CITY-ST-ZIP	

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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: _(signature)_   3-7-04   813 353 1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #