


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90367 001 ***150.00

DOCUMENT # P99000058214		
1. Entity Name AJAX DEVELOPMENT CORP.		

Principal Place of Business 883 NE DIXIE HWY. #7 JENSEN BEACH, FL 34957	Mailing Address P.O. BOX 2070 STUART, FL 34995-2070
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2. Principal Place of Business 2755 SE Federal Hwy Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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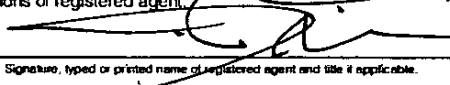
City & State Stuart, FL	City & State
Zip 34997	Country USA

03062006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0933745

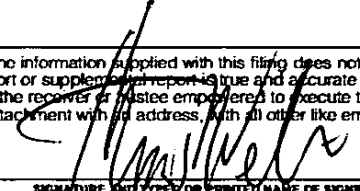
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIFKIN, AVRON C 800 S.E. MONTEREY COMMONS BLVD. SUITE 200 STUART, FL 34996	
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7. Name and Address of New Registered Agent Name: AVRON C RIFKIN Street Address: 100 SE PELICAN DRIVE City: STUART FL Zip: 34996-1217	
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: 	DATE: 3/27/2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WILLETT, THOMAS P 883 NE DIXIE HWY, #7 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2070 Stuart, FL 34995 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information reported 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 supplement thereto 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: 3/27/2006 DAYTIME PHONE: 772-220-3600