2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # \$42608 1. Entity Name 04-19-2005 90390 050 \*\*\*158.75 A.M. AND J.P. INC. Mailing Address Principal Place of Business 2231 KINGSLAKE BLVD NAPLES FL 34112 2231 KINGSLAKE BLVD NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0282299 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kodriguez PAVEY, STANLEY 2231 KINGSLAKE BLVD Street Address (P.O. Box Number is Not Acceptable) 31 Kings Lake NAPLES FL 34112 Zip Code 34112 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS'AND DIRECTORS 10. Change DPT TITLE Addition 🔀 Delete TITLE Rodriguez, Rose M. 2231 Kings Lake Blud PAVEY, STANLEY NAME NAME 2231 KINGSLAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-71P NAPLES FL 34112 CITY-ST-7IP ☐ Change ☐ Addition **⊠** Delete TITLE TITLE NAME RODRIGUEZ, ROSE M NAME STREET ADDRESS 2231 KINGSLAKE BLVD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

Rose M. Rodriguez 4/11/05