

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90069 025 ***550.00

DOCUMENT # S72069 1. Entity Name A AND J BENEFIT CORPORATION					
Principal Place of Business 1535 ARCHER ROAD P.O. BOX 1047 GAINSVILLE, FL 32602			Mailing Address 1535 ARCHER ROAD P.O. BOX 1047 GAINSVILLE, FL 32602		
2. Principal Place of Business 7515 SW 22 Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, Florida		City & State		4. FEI Number 59-3093680	
Zip 32607		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUGMAN-KADI, EILON 824 EAST UNIVERSITY GAINESVILLE, FL 32602			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 \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIUZZO, ANTHONY 1535 ARCHER ROAD GAINSVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Liuzzo, Anthony 7515 Southwest 22nd Ave Gainesville, Florida 32607	
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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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]		Anthony Liuzzo President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 09/06/2005 Daytime Phone # 352/333-3234			

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