

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72069

FILED
May 01, 2009
Secretary of State

Entity Name: A AND J BENEFIT CORPORATION

Current Principal Place of Business:

7515 SW 22 AVE
GAINESVILLE, FL 32607

New Principal Place of Business:

824 E. UNIVERSITY AVE.
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 1047
GAINESVILLE, FL 32602

New Mailing Address:

PO BOX 1246
GAINESVILLE, FL 32602

FEI Number: 59-3093680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF WILLIAM R. PURSELL, ESQ., P
824 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIUZZO, ANTHONY
Address: 7515 SOUTHWEST 22ND AVE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIUZZO, ANTHONY
Address: P.O. BOX 1246
City-St-Zip: GAINESVILLE, FL 32602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY LIUZZO

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date