

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 37
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # V43549

1. Entity Name
**A.J. ASSOCIATES MANUFACTURING & ENGINEERING
CO. INC.**



Principal Place of Business
**6677 TREELAND AVE.
LARGO, FL 33773 US**

Mailing Address
**6677 TREELAND AVE.
LARGO, FL 33773 US**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3140586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZDZIERAK, JOSEPHINE
11555 PINE STREET
SEMINOLE, FL 33772**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	ZDZIERAK, JOSEPHINE
STREET ADDRESS	11555 PINE STREET
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	PT
NAME	ZDZIERAK, ANDREW
STREET ADDRESS	11555 PINE STREET
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80050-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied 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 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: Josephine Zdzierak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07
Date

727-539-0994
Daytime Phone #