

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # 771122

1. Entity Name
A & A TRANSPORT, INCORPORATED



Principal Place of Business
**55 N. LAKE AVE.
LAKE BUTLER, FL 32054-1733**

Mailing Address
**55 N. LAKE AVE.
LAKE BUTLER, FL 32054-1733**



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2342930

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAINES, IV J E
10 WEST MAIN ST.
LAKE BUTLER, FL 32054**

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ARCHER, DOYLE
311 NE 2ND STREET
LAKE BUTLER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ARCHER, MARY N.
311 NE 2ND STREET
LAKE BUTLER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDDM
ALLEN, CURTIS E.
320 SE 4TH STREET
LAKE BUTLER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000378527
01/09/06-80010-003 70.00

**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 617, 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: Curtis E. Allen **CURTIS E. ALLEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-06
Date

386-496-2056
Daytime Phone #