

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 309767

1. Entity Name
AAA TRANSFER & STORAGE INC



Principal Place of Business

**29 JET DRIVE NW
P.O. BOX 2317
FT. WALTON BEACH, FL 32549 US**

Mailing Address

**29 JET DRIVE NW
P.O. BOX 2317
FT. WALTON BEACH, FL 32549 US**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1171734

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHELLEY, CHARLES E.
1829 LOYOLA AVENUE
PENSACOLA, FL 32504**

**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

000000700603

01/18/08-80047-017 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHELLEY, CHARLES E
STREET ADDRESS	1829 LOYOLA AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	ST
NAME	KIEPKE, BEVERLY M.
STREET ADDRESS	303 LINDA LANE.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VPD
NAME	SHELLEY, EULICE E
STREET ADDRESS	259 SLEEPY OAKS ROAD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Charles E. Shelley* Charles E. Shelley-President 1-15-08 850 244-7661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #