


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 329825 1. Entity Name A & A TRANSFER & STORAGE INC	
---	---

Principal Place of Business 113 HOLLYWOOD BLVD NW P O BOX 2317 FT WALTON BEACH, FL 32549	Mailing Address 113 HOLLYWOOD BLVD NW P O BOX 2317 FT WALTON BEACH, FL 32549
--	--



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1215476	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

SHELLEY, EULICE 113 HOLLYWOOD BLVD., NW FT WALTON BEACH, FL 32548
--

**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, 2005 Fee will be \$550.00**

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 SHELLEY, EULICE E 259 SLEEPY OAKS ROAD FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, GERALD GLENN 111 N.E YACHT CLUB DRIVE FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, CHARLES E. 1829 LOYOLA STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, WILMA J. 259 SLEEPY OAKS RAOD FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIEPKE, BEVERLY 303 LINDA LANE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000225314
02/11/05-80032-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Eulice E. Shelley** 2/8/05 (850) 244-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #