


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 329825</b> 1. Entity Name <b>A &amp; A TRANSFER &amp; STORAGE INC</b>	
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Principal Place of Business <b>113 HOLLYWOOD BLVD NW P O BOX 2317 FT WALTON BEACH, FL 32549</b>	Mailing Address <b>113 HOLLYWOOD BLVD NW P O BOX 2317 FT WALTON BEACH, FL 32549</b>
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01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1215476</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>SHELLEY, EULICE 113 HOLLYWOOD BLVD., NW FT WALTON BEACH, FL 32548</b>
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**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, 2008 Fee will be \$550.00**

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

U00000788608  
01/18/08-80047-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, GERALD GLENN 642 HAROR BLVD. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, CHARLES E. 1829 LOYOLA STREET PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLEY, WILMA J. 259 SLEEPY OAKS RAOD FORT WALTON BEACH, FL 32548
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	CD SHELLEY, EULICE E 259 SLEEPY OAKS RD FORT WALTON BEACH, FL 32548
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:**  **G. Glenn Shelley-President 1-15-08 850 244-7661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #