

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329825

FILED
Mar 16, 2009
Secretary of State

Entity Name: A & A TRANSFER & STORAGE INC

Current Principal Place of Business:

113 HOLLYWOOD BLVD NW
P O BOX 2317
FT WALTON BEACH, FL 32549

New Principal Place of Business:

113 HOLLYWOOD BLVD NW
FT WALTON BEACH, FL 32549

Current Mailing Address:

113 HOLLYWOOD BLVD NW
P O BOX 2317
FT WALTON BEACH, FL 32549

New Mailing Address:

P O BOX 2317
FT WALTON BEACH, FL 32549

FEI Number: 59-1215476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHELLEY, GERALD GLEN, N
Address: 642 HAROR BLVD.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: SHELLEY, CHARLES E.,
Address: 1829 LOYOLA STREET
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: SHELLEY, WILMA J.,
Address: 259 SLEEPY OAKS ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST (X) Delete
Name: KIEPKE, BEVERLY
Address: 303 LINDA LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CD (X) Delete
Name: SHELLEY, EULICE E
Address: 259 SLEEPY OAKS RD
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHELLEY, GERALD GLENN
Address: 642 HAROR BLVD.
City-St-Zip: DESTIN, FL 32541

Title: ST (X) Change () Addition
Name: KIEPKE, BEVERLY M
Address: 303 LINDA LANE NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CD (X) Change () Addition
Name: SHELLEY, EULICE E
Address: 259 SLEEPY OAKS ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD GLENN SHELLEY

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date