

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J24420

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: A & A ORANGE PARK GARAGE, INC.

**Current Principal Place of Business:**

7071 ARTIS ROAD  
GREEN COVE SPRGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

7071 ARTIS RD  
GREEN COVE SPRGS, FL 32043 US

**New Mailing Address:**

FEI Number: 59-2692327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATHESON, CLAUDE A.  
7071 ARTIS RD  
GREEN COVE PSRGS, FL 32043 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: MATHESON, CLAUDE A.,  
Address: 2909 DOCTORS LAKE DRIVE  
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete  
Name: MATHESON, SULO A.,  
Address: 2913 DOCTORS LAKE DR.  
City-St-Zip: ORANGE PARK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: CLAUDE A. MATHESON

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date