2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# J24420

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:

7071 ARTIS ROAD
FLEMING ISLAND, FL 32003 US

Current Mailing Address:

7071 ARTIS RD
GREEN COVE SPRGS, FL 32043 US

New Mailing Address:

7071 ARTIS RD
FLEMING ISLAND, FL 32003 US

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:

MATHESON, CLAUDE A.
7071 ARTIS RD
FLEMING ISLAND, FL 32003 US

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: 04/21/2009
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: PD (X) Change ( ) Addition
Name: MATHESON, CLAUDE A.
Address: 2909 DOCTORS LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change ( ) Addition
Name: MATHESON, SULO A.
Address: 2913 DOCTORS LAKE DR.
City-St-Zip: ORANGE PARK, FL 32073

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: MATHESON, CLAUDE A. PD 04/21/2009
Electronic Signature of Signing Officer or Director Date