

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90032 019 \*\*\*150.00

**DOCUMENT # K70235**



1. Entity Name

AAA RELOCATION & STORAGE, INC.

Principal Place of Business

1625 WEST MAIN STREET  
PO BOX 1406  
INVERNESS FL 34451

Mailing Address

1625 WEST MAIN STREET  
PO BOX 1406  
INVERNESS FL 34451  
US

94047582



MOORE CR2E034 (11/03)

2. Principal Place of Business

7379 So. San Coast Blvd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 545  
Suite, Apt. #, etc.

City & State

Homosassa, Florida

City & State

Crystal River, Florida

4. FEI Number

59-2936321

Applied For

Not Applicable

Zip

34446

Country

US

Zip

34423

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIDD, DAVID W  
9330 FT ISLAND TRAIL #10  
CRYSTAL RIVER FL 34423

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME STIDD, DAVID W  
STREET ADDRESS 9330 FT ISLAND TRAIL #10  
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ST ☐ Delete

NAME SHAW, RONALD  
STREET ADDRESS SHADY KNOLLS ACRE  
CITY-ST-ZIP LECANTO FL 34461

TITLE SD ☐ Delete

NAME DOVE-DELISA L  
STREET ADDRESS 9805 W ARMS DR  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-04 352-628-3460