

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90198 043 \*\*\*150.00

**DOCUMENT # K70235**

1. Entity Name  
**AAA RELOCATION & STORAGE, INC.**



Principal Place of Business  
**7379 SO. SUNCOAST BLVD  
HOMOSASSA, FL 34446 US**

Mailing Address  
**P.O. BOX 545  
CRYSTAL RIVER, FL 34423 US**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2936321**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STIDD, DAVID W**  
~~11698 W SUNNYBROOK CT~~ **41 Birch tree St**  
**CRYSTAL RIVER, FL 34429** **HOMOSASSA, FL 34446**  
**Mail P.O. BOX 545**  
**Crystal River, FL 34423**

**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 **David W Stidd President** **4-17-07**  
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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>STIDD, DAVID W</b>
STREET ADDRESS	<b>11698 SUNNYBROOK CT, W</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34429</b>
TITLE	<b>ST</b>
NAME	<b>SHAW, RONALD</b>
STREET ADDRESS	<b>SHADY KNOLLS ACRE</b>
CITY-ST-ZIP	<b>LECANTO, FL 34461</b>
TITLE	<b>PD</b>
NAME	<b>Stidd David W.</b>
STREET ADDRESS	<b>P.O. Box 545</b>
CITY-ST-ZIP	<b>Crystal River, FL 34423</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **David W Stidd DAVID W Stidd President** **4-17-07** **352-628-3400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #