

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 046 ***150.00

DOCUMENT # P00000057528			
1. Entity Name A & A FINANCIAL GROUP, INC.			
Principal Place of Business 20 OLD FERRY ROAD SHALIMAR, FL 32579		Mailing Address 20 OLD FERRY ROAD SHALIMAR, FL 32579	
2. Principal Place of Business 17 Poquito RD		3. Mailing Address 17 Poquito RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Shalimar, FL		City & State Shalimar, FL	
Zip 32579		Country US	
4. FEI Number 59-3652177		Added For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUNNELS, DAVAGE J III 36468 EMERALD COAST PARKWAY STE. 2201 DESTIN, FL 32541		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-instating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ADEN, TIMOTHY C 20 OLD FERRY ROAD SHALIMAR, FL 32579	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	17 Poquito RD. Shalimar, FL 32579	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	☐ Change ☐ Addition
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: _____		1/10/06 850-362-0266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	