

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

50050841

<b>DOCUMENT # P00000062168</b>		<b>Secretary of State</b>	
1. Entity Name <b>A1A MANAGEMENT SERVICES, INC.</b>		05-09-2005 90292 010 ***150.00	
Principal Place of Business <b>6505 A1A SOUTH SAINT AUGUSTINE, FL 32084</b>		Mailing Address <b>6505 A1A SOUTH SAINT AUGUSTINE, FL 32084</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number <b>65-0894004</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHAPMAN, CINDY S 201 ESCAMBIA ST ST AUGUSTINE, FL 32080</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME CHAPMAN, JOHN R STREET ADDRESS 4212 OAK LANE CITY-ST-ZIP SAINT AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS 509 TURNBERRY LANE CITY-ST-ZIP ST AUGUSTINE, FL 32080	
TITLE T NAME CHAPMAN, CINDY S STREET ADDRESS 4212 OAK LANE CITY-ST-ZIP SAINT AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS 509 TURNBERRY LANE CITY-ST-ZIP ST AUGUSTINE, FL 32080	
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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: <u>Cindy S Chapman</u>		4-15-05 386-446-5352	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	