

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057658

FILED
Jan 18, 2008
Secretary of State

Entity Name: A & A HOME REPAIR AND REMODELING, INC.

Current Principal Place of Business:

1339 GREEN ACRES AVE.
UNIT E
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

1339 GREEN ACRES BLVD.
UNIT E
FORT WALTON BEACH, FL 32547

Current Mailing Address:

1339 GREEN ACRES AVE.
UNIT E
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 56-2457102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PARKER B
1219 AIRPORT RD STE 311
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REEVES, AARON
Address: 951 CLAEVEN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP () Delete
Name: REEVES, SHANNON A
Address: 951CLAEVEN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFFI (X) Change () Addition
Name: COOPER, JASON M OFFICER
Address: 1339 GREEN ACRES BLVD
City-St-Zip: FORTWALTON BCH., FL 32547

Title: OFFI () Change (X) Addition
Name: VINCENT, NICHOLS D OFFICER
Address: 1339 GREEN ACRES BLVD.
City-St-Zip: FORTWALTON BCH., FL 32547

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: AARON REEVES

PRES

01/18/2008

Electronic Signature of Signing Officer or Director

Date