

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000154616

1. Entity Name

AA FAMILIES FIRST MOVERS, INC.



Principal Place of Business

113 HOLLYWOOD BLVD. NW
FORT WALTON BEACH, FL 32547

Mailing Address

POST OFFICE BOX 2317
FORT WALTON BEACH, FL 32549



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8158278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELLEY, GLENN
113 HOLLYWOOD BLVD. NW
FORT WALTON BEACH, FL 32547

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000788618
01/18/08-80047-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHELLEY, GLENN
STREET ADDRESS	113 HOLLYWOOD BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	VP
NAME	SHELLEY, EULICE E
STREET ADDRESS	113 HOLLYWOOD BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	S
NAME	SHELLEY, GLENN
STREET ADDRESS	113 HOLLYWOOD BLVD.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	T
NAME	SHELLEY, GLENN
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CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
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 another like empowered.

SIGNATURE:

G. Glenn Shelley-President 1-15-08 850 244-7661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #