

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000055367

1. Entity Name
A1A SELF STORAGE, INC.



Principal Place of Business
**1040 AIA HWY NORTH
PONTE VEDRA BCH, FL 32082 US**

Mailing Address
**1682 E GUDE DR
SUITE 201
ROCKVILLE, MD 20850**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3333051** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEEK, DAVID H
1301 RIVERPLACE BLVD
SUITE 1609
JACKSONVILLE, FL 32207**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MORAN, F. ANDREW
STREET ADDRESS	300 INTERNATIONAL PKWY SUITE 270
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	DVPT
NAME	MORAN, RICHARD P JR
STREET ADDRESS	1682 E. GUDE DR SUITE 201
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	D
NAME	MORAN, SUSAN D.
STREET ADDRESS	1682 E. GUDE DR SUITE 201
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80095-016 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06

Date

301-763-1030

Daytime Phone #