## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000001183

Entity Name: A1A REALTY AND MANAGEMENT CO., INC

FILED Aug 09, 2006 Secretary of State

LINKY NAME: ATA REALTT AND MANAGEMENT CO., INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6505 A1A 8 ST. AUGU	SOUTH STINE, FL 320	84			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1 FARRAD PALM COA	AY LN AST, FL 32137				
FEI Number:	59-3362974	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHAPMAN 1 FASSAD PALM COA		US	CHAPMAN, CINDY S 1 FARRADAY LN PALM COAST, FL 32	137 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CINDY S. CHAPMAN				08/09/2006	
	Electroni	c Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () CHAPMAN, CINI 509 TURRNBER ST. AUGUSTINE	RY LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPS () ZAMPOLINO, AL 9 SAN MARCO ( PALM COAST, F	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V (X) CARLIN, GARY 1 FARRADYA LN PALM COAST, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () CHAPMAN, JOH 1301 REID ST PALATKA, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (X) EVANS, JOHN 4505 A1A SOUT	Delete H	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CINDY S. CHAPMAN PT 08/09/2006

City-St-Zip: ST AUGUSTINE, FL 32080