

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 012 ***150.00

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1. Entity Name
A1A REALTY AND MANAGEMENT CO., INC.

Principal Place of Business
**6505 A1A SOUTH
ST. AUGUSTINE, FL 32084**

Mailing Address
**1 FARRADAY LN
PALM COAST, FL 32137**

40100000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2802 N. 5th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State

City & State
St. Augustine, FL

4. FEI Number
59-3362974

Applied For
Not Applicable

Zip

Country

Zip

Country

32084

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPMAN, CINDY S
1 FARRADAY LN
PALM COAST, FL 32137**

Name

Street Address (P.O. Box Number is Not Acceptable)

2802 N. 5th Street

City **St. Augustine**

FL

Zip Code

32084

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

Cindy S Chapman

4/27/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
CHAPMAN, CINDY S
509 TURRNBERRY LANE
ST. AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
ZAMPOLINO, ALYCE S
9 SAN MARCO COURT
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CHAPMAN, JOHN
1301 REID ST
PALATKA, FL 32177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Cindy S Chapman

4/27/07

904-494-2721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #