

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000078183

1. Entity Name
A & A ALOE, INC.



Principal Place of Business
**44 VILLAGE DR.
ORMOND BCH, FL 32174**

Mailing Address
**124 NORTH NOVA ROAD
SUITE 101
ORMOND BCH, FL 32174**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3600255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARRICH, RICHARD
44 VILLAGE DR.
ORMOND BCH, FL 32174**

**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 renewing)

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**

000000043293
03/01/07-80081-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ARRICH, PATRICIA L
STREET ADDRESS	44 VILLAGE DR.
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	P
NAME	ARRICH, RICHARD
STREET ADDRESS	44 VILLAGE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 807, 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: *Patricia L. Arrich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 (386) 677-4873
Date Daytime Phone #

PATRICIA L. ARRICH