


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G18357**  
 1. Entity Name  
**FINANCIAL ASSOCIATES, INC.**



Principal Place of Business  
**6170 EDGEWATER DR**  
**ORLANDO, FL 32810**

Mailing Address  
**6170 EDGEWATER DR**  
**ORLANDO, FL 32810**

**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2561158** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HIGHSMITH, RICHARD M**  
**3022 TROY DRIVE**  
**ORLANDO, FL 32806**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HIGHSMITH, RICHARD M 3022 TROY DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HIGHSMITH, MARILYN L 4509 CONWAY GARDENS RD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GLOTFELTY, RUSSELL A 830 WILKINSON ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000165501  
 07/12/04-80015-029 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:** *Richard M. Highsmith* **Richard M. Highsmith, Pres**, 7-9-04, 4075236700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #