


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H70514</b> 1. Entity Name SITE ASSOCIATES, INC.	
---	---

Principal Place of Business 149 NW 70TH ST APT. 104 BOCA RATON, FL 33487 US	Mailing Address 149 NW 70TH ST APT. 104 BOCA RATON, FL 33487 US
--	--



07152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2562430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHESON, ROBERT B JR  
 149 NW 70ST 104  
 BOCA RATON, FL 33487

**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 rechartering) DATE: \_\_\_\_\_

**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	PD HUTCHESON, ROBERT B., JR 149 NW 70TH ST APT. 104 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUTCHESON, ROBERT B., JR 149 NW 70 ST APT. 104 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

07/19/04-80010-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Robert B. Hutcheson Jr.** 7/15/04 561-997-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #