


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # H70514**

1. Entity Name  
**SITE ASSOCIATES, INC.**



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

**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2562430</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**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

TITLE <b>PD</b>	<b>HUTCHESON, ROBERT B., JR</b>
NAME	<b>149 NW 70TH ST APT. 104</b>
STREET ADDRESS	<b>BOCA RATON, FL 33487</b>
CITY-ST-ZIP	
TITLE <b>ST</b>	<b>HUTCHESON, ROBERT B., JR</b>
NAME	<b>149 NW 70 ST APT. 104</b>
STREET ADDRESS	<b>BOCA RATON, FL 33487</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000695426  
 04/17/07-80059-018 150.00

**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 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. Hutcherson, Jr.** 4/3/07 561-997-5466

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