

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P20870 1. Entity Name FERNALD ASSOCIATES, INC.		
Principal Place of Business P.O. BOX 1757 BOCA RATON, FL 33429	Mailing Address P.O. BOX 1757 BOCA RATON, FL 33429	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FERNALD, OLAF H. 891 HICKORY TERR. BOCA RATON, FL 33486		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 reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000151606 05/04/04-80053-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNALD, OLAF H. 891 HICKORY TERR. BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNALD, JEANNE O. 891 HICKORY TERR. BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNALD, G. LAWRENCE 139 GROVE STREET WESTWOOD, MA 02090	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNALD, JONATHAN D. 627 POKER HILL RD UNDERHILL, VT 05489	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Olaf H Fernald</u> OLAF H FERNALD, P/T/D 4/29/04 561-3919129 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		