


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-21-2004 90104 033 ***150.00
 05-24-2004 90006 015 *****8.75

DOCUMENT # P93000034321
 1. Entity Name
ASSOCIATED ARCHITECTS INC.



Principal Place of Business Mailing Address
PO BOX 540308 MERRITT ISLAND FL 32954 **PO BOX 540308 MERRITT ISLAND FL 32954**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4/ R
 54055536
 MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
BARCANT, KEVIN
233 ANTIGUA DRIVE
COCOA BEACH FL 32931

4. FEI Number **59-3191787** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	BARCANT, KEVIN
STREET ADDRESS	233 ANTIGUA DRIVE
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	SD <input type="checkbox"/> Delete
NAME	BARCANT, MAREN
STREET ADDRESS	233 ANTIGUA DRIVE
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	VD <input type="checkbox"/> Delete
NAME	JACKSON, CATHRYN
STREET ADDRESS	4514 W-214TH ST
CITY-ST-ZIP	FAIRVIEW PARK, OH 44126
TITLE	D <input type="checkbox"/> Delete
NAME	COLIN BARCANT
STREET ADDRESS	233 ANTIGUA DR
CITY-ST-ZIP	COCOA BEACH FL-32931
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLIN BARCANT
STREET ADDRESS	233 ANTIGUA DRIVE
CITY-ST-ZIP	COCOA BEACH, FL-32931
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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: Kevin Barcant President Date: 19 APRIL 04 Daytime Phone #: 321-783-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR