

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90229 045 \*\*\*150.00



**DOCUMENT # P93000034321**

1. Entity Name

**ASSOCIATED ARCHITECTS INC.**

Principal Place of Business

PO BOX 540308  
 MERRITT ISLAND FL 32954

Mailing Address

PO BOX 540308  
 MERRITT ISLAND FL 32954

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3191787**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARCANT, KEVIN**  
**233 ANTIGUA DRIVE**  
**COCOA BEACH FL 32931**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**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  Delete  
 NAME: BARCANT, KEVIN  
 STREET ADDRESS: 233 ANTIGUA DRIVE  
 CITY-ST-ZIP: COCOA BEACH FL 32931

TITLE: SD  Delete  
 NAME: BARCANT, MAREN  
 STREET ADDRESS: 233 ANTIGUA DRIVE  
 CITY-ST-ZIP: COCOA BEACH FL 32931

TITLE: VD  Delete  
 NAME: JACKSON, CATHRYN  
 STREET ADDRESS: 4514 W-214TH ST  
 CITY-ST-ZIP: FAIRVIEW PARK OH 44126

TITLE: D  Delete  
 NAME: BARCANT, COLIN  
 STREET ADDRESS: 233 ANTIGUA DR  
 CITY-ST-ZIP: COCOA BEACH FL 32931

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME: **VD JACKSON, CATHRYN M**  
 STREET ADDRESS: **980 PELEE DRIVE**  
 CITY-ST-ZIP: **AKRON OH-44333**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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* **KEVIN BARCANT, PRESIDENT** (4-25-05) **25 APR-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #