

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034321

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ASSOCIATED ARCHITECTS INC.

**Current Principal Place of Business:**

233 ANTIGUA DRIVE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540308  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

FEI Number: 59-3191787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARCANT, KEVIN  
Address: 233 ANTIGUA DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: SD ( ) Delete  
Name: BARCANT, MAREN  
Address: 233 ANTIGUA DRIVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: VD ( ) Delete  
Name: JACKSON, CATHRYN  
Address: 980 PEL'EE DRIVE  
City-St-Zip: AKRON, OH 44333

Title: D ( ) Delete  
Name: BARCANT, COLIN  
Address: 233 ANTIGUA DR  
City-St-Zip: COCOA BEACH, FL 32931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN BARCANT

PD

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date