


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90072 034 \*\*\*150.00

<b>DOCUMENT # 430801</b> 1. Entity Name <b>ASSOCIATED COMPANIES, INC.</b>					
Principal Place of Business <b>4985 SPIRIT LAKE ROAD</b> <b>WINTER HAVEN, FL 33880 US</b>			Mailing Address <b>4985 SPIRIT LAKE ROAD</b> <b>WINTER HAVEN, FL 33880 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1511291</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>VARNER, HERBERT C</b> <b>2826 THORNHILL ROAD</b> <b>WINTER HAVEN, FL 33880</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>VARNER, JOSEPH A</b> STREET ADDRESS <b>1828 NOTTINGHAM DR</b> CITY-ST-ZIP <b>WINTER HAVEN, FL 00000,</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS <b>1920 BRADBURY RD</b> CITY-ST-ZIP <b>WINTER HAVEN FL 33880</b>		
TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>VARNER, HERBERT C</b> STREET ADDRESS <b>2826 THORNHILL RD</b> CITY-ST-ZIP <b>WINTER HAVEN, FL 00000,</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE <b>TD</b> NAME <b>BRIAN SMITH</b> STREET ADDRESS <b>4212 SHADOW WOOD DR</b> CITY-ST-ZIP <b>WINTER HAVEN FL 33880</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE <b>SD</b> NAME <b>HERBERT JASON VARNER</b> STREET ADDRESS <b>1127 W LAKE CANNON DR</b> CITY-ST-ZIP <b>WINTER HAVEN FL 33881</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>3-28-07</b> <b>863-294-9292</b> Date Daytime Phone #		