


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 543922 1. Entity Name ASSOCIATED CONTACTS, INC.	
--	---

Principal Place of Business 2036 BISPHAM ROAD SARASOTA, FL 34231	Mailing Address 2036 BISPHAM ROAD SARASOTA, FL 34231
--	--



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1765235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAFFLES, WESLEY R
2036 BISPHAM ROAD
SARASOTA, FL 34231**

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)

U000000163081
07/02/04 8:00:03 -016 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS

TITLE PD	RAFFLES, WESLEY R.
NAME	507 S. CREEK DRIVE
STREET ADDRESS	SARASOTA, FL
CITY-ST-ZIP	
TITLE S	TRAVER, SANDRA
NAME	2241 PINEHURST ST
STREET ADDRESS	SARASOTA, FL 00000.
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sandra Traver **Sandra Traver** 7-04 944-921-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #