

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854179

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: ASSOCIATED SPACE DESIGN, FLORIDA, INC.

## Current Principal Place of Business:

1240 EAST 5TH AVE.  
TAMPA, FL 33605

## New Principal Place of Business:

## Current Mailing Address:

50 HURT PLAZA-STE 500  
ATTEN: D. HOOPER  
ATLANTA, GA 30303

## New Mailing Address:

55 IVAN ALLEN JR BLVD SUITE 100  
ATTEN: D. HOOPER  
ATLANTA, GA 30308

FEI Number: 58-0915437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, THOMAS A  
1240 EAST 5TH AVE.  
TAMPA, FL 33605 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: PRES ( ) Delete  
Name: WILLIAMS, THOMAS A  
Address: 1240 EAST 5TH AVE.  
City-St-Zip: TAMPA, FL 33605

Title: VP ( ) Delete  
Name: HOOPER, DEBORAH S  
Address: 50 HURT PLAZA, STE 500  
City-St-Zip: ATLANTA, GA 30303

Title: VP ( ) Delete  
Name: PAREDES, ROBERTO E  
Address: 50 HURT PLAZA, STE 500  
City-St-Zip: ATLANTA, GA 30303

Title: VP ( ) Delete  
Name: HYPES, JAMES P  
Address: 1240 EAST 5TH AVE.  
City-St-Zip: TAMPA, FL 33605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: HOOPER, DEBORAH S  
Address: 55 IVAN ALLEN JR BLVD SUITE 100  
City-St-Zip: ATLANTA, GA 30308

Title: VP (X) Change ( ) Addition  
Name: PAREDES, ROBERTO E  
Address: 55 IVAN ALLEN JR BLVD SUITE 100  
City-St-Zip: ATLANTA, GA 30308

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: DEBORAH S HOOPER

VP

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date