

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 858156**

1. Entity Name  
BULFINCH ASSOCIATES, INC.



Principal Place of Business  
17051 RYTON LANE  
BOCA RATON, FL 33496

Mailing Address  
2 TOGAN WAY  
MARBLEHEAD, MA 01945-2520



**DO NOT WRITE IN THIS SPACE**

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2791804	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent:

ALLEN, MARK  
17051 RYTON LANE  
BOCA RATON, FL 33496

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Elect on Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000062254  
02/23/04-80114-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLEN, MARK L. 17051 RYTON LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALLEN, MARK L. 17051 RYTON LANE BOCA RATON, FL
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:** Mark L. Allen **2/20/04** **(781) 639-9955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #