



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90022 047 ***158.75

DOCUMENT # F02000002860						
1. Entity Name EBELING ASSOCIATES INCORPORATED						
Principal Place of Business 9 CORPORATE DRIVE CLIFTON PARK, NY 12065		Mailing Address 9 CORPORATE DRIVE CLIFTON PARK, NY 12065		<p style="font-size: 24pt; text-align: center;">40000016</p> 		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01072005	Chg-P	CR2E034 (10/03)
4. FEI Number 14-1513155				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent BARNETT, TROY E 7103 52ND DRIVE EAST BRADENTON, FL 34203				7. Name and Address of New Registered Agent		
				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				FL		
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBISON, ALLAN D		NAME			
STREET ADDRESS	29 SECADA DRIVE		STREET ADDRESS			
CITY-ST-ZIP	CLIFTON PARK, NY 12065		CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAZLETON, SAMUEL H V		NAME			
STREET ADDRESS	10 TWILIGHT DR.		STREET ADDRESS			
CITY-ST-ZIP	CLIFTON PARK, NY 12065		CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EBELING, SCOTT R		NAME			
STREET ADDRESS	2024 LEXINGTON PKWY.		STREET ADDRESS	5004 FOREST POINT DRIVE		
CITY-ST-ZIP	NISKAYUNA, NY 12309		CITY-ST-ZIP	CLIFTON PARK, NY 12065		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: <u>Scott R Ebeling</u>		Date: <u>1/7/05</u>		Daytime Phone #: <u>518-688-8732</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		