



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001380 1. Entity Name ASSOCIATED DESIGN & ENGINEERING, INC.	
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Principal Place of Business 66 EAST ESCALON AVENUE, SUITE 107 FRESNO, CA 93710-5137	Mailing Address 66 EAST ESCALON AVENUE, SUITE 107 FRESNO, CA 93710-5137
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0051451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SELDERS, TERRY
157 CORAL DRIVE
PANAMA CITY BEACH, FL 32413**

**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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUNDT, MICHAEL D 66 EAST ESCALON, SUITE 107 FRESNO, CA 937105137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOMMEL, PAUL H 66 EAST ESCALON, SUITE 107 FRESNO, CA 937105137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUNDT, RAMONA 66 EAST ESCALON, SUITE 107 FRESNO, CA 937105137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOMMEL, KATHLEEN 66 EAST ESCALON, SUITE 107 FRESNO, CA 937105137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/09/04-80007-025 150.00

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  **8.4.04** **559/431-2389**
Signature and typed or printed name of signing officer or director Date Daytime Phone #