2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 19, 2004 08:00 AM DOCUMENT # H70514 **Secretary of State** 1. Entity Name SITE ASSOCIATES, INC. Principal Place of Business Mailing Address 149 NW 70TH ST 149 NW 70TH ST APT. 104 BOCA RATON, FL 33487 APT. 104 BOCA RATON, FL 33487 US 07152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2562430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HUTCHESON, ROBERT B JR DO NOT WRITE 149 NW 70ST 104 BOCA RATON, FL 33487 IN THIS SPACE 3. 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) DATE 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice OFFICERS AND DIRECTORS 10. TITLE HUTCHESON, ROBERT B., JR NAME STREET ADDRESS 149 NW 70TH ST APT, 104 CHY-ST-DP BOCA RATON, FL 100000167083 U7/19/04-80010-013 150.00 TITLE HUTCHESON, ROBERT B., JR MANUE STREET ADDRESS 149 NW 70 ST APT. 104 CATY-ST-7/P BOCA RATON, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-51-71P TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE MAKE STREET ADDRESS CXY-ST-ZP

12. Thereby 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 suppliemental 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 of trustee empowered to execute this teport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if champed, or on an attachment with an address, with all other like empowered.

and the Bridge and I will be

SIGNATURE:

HILE . -NAME STREET ADDRESS CITY-ST-ZP _

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

561-997

FILED