


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90006 004 ***158.75

DOCUMENT # K60683																																																																																																					
1. Entity Name ARMALAVAGE & ASSOCIATES, INC. <i>ASSOCIATES, INC.</i>																																																																																																					
Principal Place of Business 1845 TRADE CTR WAY NAPLES, FL 34109 US			Mailing Address 1845 TRADE CTR WAY NAPLES, FL 34109 US																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 65-0092744																																																																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent ARMALAVAGE, RICHARD L. 1845 TRADE CTR WAY NAPLES, FL 34109				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE <u>1/2/04</u>																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">ARMALAVAGE, RICHARD L.</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">1845 TRADE CTR WAY NAPLES, FL</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ARMALAVAGE, RICHARD L.		STREET ADDRESS			CITY-ST-ZIP	1845 TRADE CTR WAY NAPLES, FL		CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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>Richard L. Armalavage</u> Date <u>1/7/04</u> 239-514-4646																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																					