2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90009 002 ***158.75

DOCUMENT # K68876
1. Entity Name
AFFILIATED RESOURCE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6868 CALLA DE CORTER CT NAVARRE, FL 32566 US	PO BOX 5056 NAVARRE, FL 32566-8924 US

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6733 Tom King Bayou Rd	P.O. Box 5296
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE FL	City & State: NAVARRE FL
Zip: 32566 Country: US	Zip: 32566 Country: US

4. FEI Number: 59-2933257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKER, DONALD R. 6868 CALLE DE CORTEZ COURT NAVARRE, FL 32566	Name: Jennifer T. PARKER Street Address (P.O. Box Number is Not Acceptable): 6733 Tom King Bayou Rd City: NAVARRE FL Zip Code: 32566

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: [signature] President 1-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS PARKER, DONALD R. 6868 CALLE DE CORTEZ COURT NAVARRE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Jennifer T. Parker 6733 Tom King Bayou Rd NAVARRE FL. 32566	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JUNE K. 6868 CALLE DE CORTEZ COURT NAVARRE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAdley K. Parker 6733 Tom King Bayou Rd NAVARRE FL 32566	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] (President) Jennifer T. PARKER (850) 939-0541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #