

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23227

Entity Name: BUILDING ASSOCIATES, INC.

FILED  
Jan 29, 2007  
Secretary of State

**Current Principal Place of Business:**

18224 SE CASSIA LN  
TEQUESTA, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**  
BUILDING ASSOC  
P O BOX 4356  
TEQUESTA, FL 33469 US

**New Mailing Address:**

FEI Number: 65-0149615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKMAN, RICHARD D.  
18224 S.E. CASSIA LANE  
TEQUESTA, FL 33469 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PARKMAN, RICHARD D.,  
Address: 18224 S.E. CASSIA LANE  
City-St-Zip: TEQUESTA, FL

Title: D ( ) Delete  
Name: PARKMAN, CAROLYN,  
Address: 18224 S.E. CASSIA LANE  
City-St-Zip: TEQUESTA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D. PARKMAN

DP

01/29/2007

Electronic Signature of Signing Officer or Director

Date