2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# L56300

Entity Name: ARPIN ASSOCIATES, INC.

Current Principal Place of Business:

736 COURTSIDE DR.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

736 COURTSIDE DR.
NAPLES, FL 34105

New Mailing Address:

FEI Number: 04-2658609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, F EDWARD ESQ
821 FIFTH AVE SOUTH STE 201
NAPLES, FL 34102

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: ARPIN, LEON G., JR,
Address: 736 COURTSIDE DR
City-St-Zip: NAPLES, FL

Title: SD ( ) Delete
Name: ARPIN, SARAH K.,
Address: 736 COURTSIDE DR
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete
Name: WATTS, GEORGE W., II, I
Address: 13813 N WEST 44TH AVE
City-St-Zip: VANCOUVER, WA 98685

Title: VP ( ) Delete
Name: DOUCETTE, WILLIAM J.,
Address: 65 ALBERTA LANE
City-St-Zip: HOLLISTON, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: ARPIN, LEON G., JR,
Address: 736 COURTSIDE DR
City-St-Zip: NAPLES, FL 34105

Title: SD (X) Change ( ) Addition
Name: ARPIN, SARAH K.,
Address: 736 COURTSIDE DR
City-St-Zip: NAPLES, FL 34105

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

Title: VP (X) Change ( ) Addition
Name: DOUCETTE, WILLIAM J.,
Address: 65 ALBERTA LANE
City-St-Zip: HOLLISTON, MA 01746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEON G. ARPIN PRES 06/30/2004

Electronic Signature of Signing Officer or Director — Date