

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017877

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SPACE COAST ASSOCIATES, INC.

## Current Principal Place of Business:

9435 DELEGATES DR  
143  
ORLANDO, FL 32837

## New Principal Place of Business:

4795 JESSAMINE  
ORLANDO, FL 32839

## Current Mailing Address:

2212 S CHICKASAW TRAIL  
#301  
FLORIDA, FL 32825

## New Mailing Address:

FEI Number: 59-3521095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FITE, JAMES M  
9435 DELEGATES DR 143  
ORLANDO, FL 32825      US

## Name and Address of New Registered Agent:

FITE, JAMES M  
4795 JESSAMINE  
ORLANDO, FL 32839      US

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: JAMES M. FITE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FITE, JAMES M  
Address: 9435 DELEGATES DR 143  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: FITE, CECILE D  
Address: 9435 DELEGATES DR 143  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FITE, JAMES M  
Address: 4795 JESSAMINE  
City-St-Zip: ORLANDO, FL 32839

Title: D (X) Change ( ) Addition  
Name: FITE, CECILE D  
Address: 4795 JESSAMINE  
City-St-Zip: ORLANDO, FL 32839

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: JAMES M. FITE

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date