## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000074333

Name:

Address:

City-St-Zip:

Entity Name: ALDRICH & ASSOCIATES OF VOLUSIA, INC.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3648 GALWAY LN ORMOND BCH, FL 32174			SUITE #566	1700 WEST INTERNATIONAL SPEEDWAY BLVD. SUITE #566 DAYTONA BEACH, FL 32174	
Current N	Mailing Addre	ss:	New Mailing Add	New Mailing Address:	
3648 GAL ORMOND	WAY LN BCH, FL 321	74			
FEI Number	: 02-0700266	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
The above in the Stat	e of Florida.		purpose of changing its regis	tered office or registered agent, or both,	
SIGNATU		nic Signature of Registered A	gent	Date	
Election Ca		ng Trust Fund Contribution ( ).	gone	Bulo	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ALDRICH, SAN 3648 GALWAY ORMOND BCH	/ LN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ALDRICH, TOI 3648 GALWAY ORMOND BCH	/ LN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ALDRICH, MEI 3648 GALWAY ORMOND BCH	/ LN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

MOYLAN, AIMÉE M

3648 GALWAY LN

ORMOND BEACH, FL 32174

SIGNATURE: TODD ALDRICH SVP 04/12/2005