


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90531 045 ***150.00

DOCUMENT # P03000105391 1. Entity Name FLORIDA ASSOCIATION OF COLLEGE FINANCIAL ADVISORS, INC.					
Principal Place of Business 45 HATFIELD AVENUE MERRITT ISLAND FL 32953 US				Mailing Address 45 HATFIELD AVENUE MERRITT ISLAND FL 32953 US	
2. Principal Place of Business 200 W. Merritt Island Cswy		3. Mailing Address SAME 200 W M.I Cswy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Merritt Island FL.		City & State Merritt Island FL		4. FEI Number 51-0488020	
Zip 32952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Keith New Street Address (P.O. Box Number is Not Acceptable) 45 Hatfield Ave City Merritt Island FL Zip Code 32953			
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 Keith C. New (NOTE: Registered Agent signature required when reinstating) 4-22-04 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	NEW, KEITH A				
STREET ADDRESS	45 HATFIELD AVENUE				
CITY-ST-ZIP	MERRITT ISLAND FL 32953				
TITLE	D	<input type="checkbox"/> Delete			
NAME	NEW, KENNETH J				
STREET ADDRESS	150 WARING WAY				
CITY-ST-ZIP	MERRITT ISLAND FL 32952				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: Keith C. New 4-22-04 (321) 986-8712 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					