2005 FOR PROFIT CORPORATION

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FILED
Mar 21, 2005 8:00 am
Secretary of State
02-25-2005 90147 018 ***150.00

DOCUMENT # P04000011558

1. Entity Name

WILLIAM H. FINCH AND ASSOCIATES, INC.

66006576

Principal Place of Business	Mailing Address
1060 MAITLAND CENTER COMMON SUITE 180 MAITLAND, FL 32751	1060 MAITLAND CENTER COMMON SUITE 180 MAITLAND, FL 32751

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0618806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A1A REGISTERED AGENT INC. **92 SADBERRY ROAD** **QUINCY, FL 32351**	Name: William H. Finch Street Address (P.O. Box Number is Not Acceptable): 1060 Maitland Center Common Suite 180 City: Maitland FL Zip Code: 32751

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: William H. Finch 2/22/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~DP~~ FINCH WILLIAM H 1060 MAITLAND CENTER COMMON SUITE 180 MAITLAND, FL 32751	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William H. Finch 1060 Maitland Center Common Suite 180 Maitland, Fla 32751 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Scott A. Bayhoff~~ ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Scott A. Bayhoff 1060 Maitland Center Common Suite 180 Maitland, Fla 32751 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: William H. Finch 2/22/2005 407-835-0558 X3027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #