

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90018 007 ***150.00

DOCUMENT # P04000115924

1. Entity Name
PARTNER ASSOCIATES, INC.



Principal Place of Business
**301 N. CATTLEMEN ROAD
SUITE 203
SARASOTA, FL 34232**

Mailing Address
**301 N. CATTLEMEN ROAD
SUITE 203
SARASOTA, FL 34232**

50056944

2. Principal Place of Business
**1324 WILLOW BRANCH DRIVE
SUITE, Apt. #, etc.
DAVE AVOLON LAKE**

3. Mailing Address
**1324 WILLOW BRANCH DRIVE
SUITE, Apt. #, etc.
AVOLON LAKE**

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

Zip
32828

Country
U.S.A.

Zip
32828

Country
U.S.A.



06012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**PARTNER, CHRISTOPHER
301 N. CATTLEMEN ROAD
SUITE 203
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent
Name
PARTNER CHRISTOPHER
Street Address (P.O. Box Number is Not Acceptable)
1324 WILLOW BRANCH DRIVE AVOLON LAKE
City
ORLANDO FL Zip Code
32828

4. FEI Number
20-3105754

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

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 DATE **7-7-05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	PARTNER, CHRISTOPHER <input checked="" type="checkbox"/> Delete	TITLE P.D	PARTNER CHRISTOPHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	301 N. CATTLEMEN ROAD, SUITE 203	STREET ADDRESS	1324 WILLOW BRANCH DRIVE AVOLON LAKE
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	ORLANDO FLORIDA 32828
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	PARTNER CHRISTOPHER	NAME	
STREET ADDRESS	1324 WILLOW BRANCH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	AVOLON LAKE ORLANDO FLORIDA 32828	CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE **7-7-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR