


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90252 038 ***150.00

DOCUMENT # P20870	
1. Entity Name FERNALD ASSOCIATES, INC.	

Principal Place of Business P.O. BOX 1757 BOCA RATON, FL 33429	Mailing Address P.O. BOX 1757 BOCA RATON, FL 33429
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DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2657593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERNALD, OLAF H.
891 HICKORY TERR.
BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNALD, OLAF H. 891 HICKORY TERR. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNALD, JEANNE O. 891 HICKORY TERR. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNALD, G. LAWRENCE 130 GROVE STREET 25 Buckingham Rd WESTWOOD, MA 02090 Norwood, MA 02062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNALD, JONATHAN D. 627 POKER HILL RD UNDERHILL, VT 05489
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Olaf H. Fernald **Olaf H. Fernald** 4/29/05 561-391-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #