2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20870

1. Entity Name
FERNALD ASSOCIATES, INC.

FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
891 HICKORY TERRACE BOCA RATON, FL 33486	P.O. BOX 1757 BOCA RATON, FL 33429

07122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2657593
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

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

U00000955803
07/22/08-80007-012 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: O. H. Fernald P 7/21/08 561-391-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #