2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-21-2004 90104 033 ***150.00
05-24-2004 90006 015 *****8.75

4/

R

DOCUMENT # P93000034321

1. Entity Name

ASSOCIATED ARCHITECTS INC.

Principal Place of Business	Mailing Address
PO BOX 540308 MERRITT ISLAND FL 32954	PO BOX 540308 MERRITT ISLAND FL 32954

54055536

MOORE CR2E034 (11/03)

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 59-3191787 — 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
BARCANT, KEVIN 233 ANTIGUA DRIVE COCOA BEACH FL 32931	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARCANT, KEVIN	NAME	
STREET ADDRESS	233 ANTIGUA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARCANT, MAREN	NAME	
STREET ADDRESS	233 ANTIGUA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACKSON, CATHRYN	NAME	
STREET ADDRESS	4514 W-214TH ST	STREET ADDRESS	
CITY-ST-ZIP	FAIRVIEW PARK OH 44126	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	COLIN BARCANT	NAME	COLIN BARCANT
STREET ADDRESS	233 ANTIGUA DR	STREET ADDRESS	233 ANTIGUA DRIVE
CITY-ST-ZIP	COCOA BEACH FL-32931	CITY-ST-ZIP	COCOA BEACH, FL-32931.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: Kevin Barcant President 19 APRIL-04 321-783-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #