


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000034321 1. Entity Name ASSOCIATED ARCHITECTS INC.					
Principal Place of Business PO BOX 540308 MERRITT ISLAND FL 32954			Mailing Address PO BOX 540308 MERRITT ISLAND FL 32954		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3191787	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARCANT, KEVIN 233 ANTIGUA DRIVE COCOA BEACH FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>Kevin Barcant</i> KEVIN BARCANT, President <i>(28-APRIL-2006)</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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		PD <input type="checkbox"/> Delete BARCANT, KEVIN 233 ANTIGUA DRIVE COCOA BEACH FL 32931		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD <input type="checkbox"/> Delete BARCANT, MAREN 233 ANTIGUA DRIVE COCOA BEACH FL 32931		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VD <input type="checkbox"/> Delete JACKSON, CATHRYN 980 PEL'EE DRIVE AKRON OH 44333		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D <input type="checkbox"/> Delete BARCANT, COLIN 233 ANTIGUA DR COCOA BEACH FL 32931		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 exemptions contained in Section 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: <i>Kevin Barcant</i> KEVIN BARCANT <i>(04-28-06)</i> 321-783-8453 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/05)

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
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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SIGNATURE *Kevin Barcant* **KEVIN BARCANT, President** *(28-APRIL-2006)*
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, 2006 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

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CITY - ST - ZIP
PD ☐ Delete
**BARCANT, KEVIN
233 ANTIGUA DRIVE
COCOA BEACH FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD ☐ Delete
**BARCANT, MAREN
233 ANTIGUA DRIVE
COCOA BEACH FL 32931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD ☐ Delete
**JACKSON, CATHRYN
980 PEL'EE DRIVE
AKRON OH 44333**

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CITY - ST - ZIP
D ☐ Delete
**BARCANT, COLIN
233 ANTIGUA DR
COCOA BEACH FL 32931**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #