


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000039238</b>		
1. Entity Name <b>ASSOCIATES IN ADVANCEMENT, INC.</b>		
Principal Place of Business <b>452 OSCEOLA ST #110 #108 ALTAMONTE SPRINGS, FL 32701</b>		Mailing Address <b>452 OSCEOLA ST #110 #108 ALTAMONTE SPRINGS, FL 32701</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DISALVATORE, JAMES V 452 OSCEOLA ST #110 ALTAMONTE SPRINGS, FL 32701</b>		
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>1000000150907 05/04/04-80025-014 150.00</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DISALVATORE, PATRICK J 452 OSCEOLA ST #108 ALTAMONTE SPRINGS, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DISALVATORE PATRICK J 452 OSCEOLA ST #108 ALTAMONTE SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DUFFY, CECELIA P. 1128 LAMPSON ROAD GENEVA, OH	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DISALVATORE, JAMES V. 452 OSCEOLA ST #108 ALTAMONTE SPRINGS, FL	
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)(f), 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. <b>SIGNATURE: Patrick J. Disalvatore (PATRICK J. DISALVATORE) (321) 277-5675</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #</small>		