

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 047 ***150.00

DOCUMENT # P95000039238 1. Entity Name ASSOCIATES IN ADVANCEMENT, INC.																																																																																																																																																																																							
Principal Place of Business 171 ARCHERS POINT LONGWOOD, FL 32779 US		Mailing Address 171 ARCHERS POINT LONGWOOD, FL 32779 US																																																																																																																																																																																					
2. Principal Place of Business - No P.O. Box # 452 Osceola St. Suite, Apt. #, etc. #108		3. Mailing Address 452 Osceola St. Suite, Apt. #, etc. #108																																																																																																																																																																																					
City & State Altamonte Sps, FL Zip 32701		City & State Altamonte Sps, FL Zip 32701																																																																																																																																																																																					
Country Seminole		Country Seminole																																																																																																																																																																																					
4. FEI Number 59-3327924		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																																																					
6. Name and Address of Current Registered Agent DISALVATORE, JAMES V 452 OSCEOLA ST #108 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																																																					
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 _____ <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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																																																																					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Delete</td> <td style="width: 10%;">NAME</td> <td style="width: 40%;">DISALVATORE, PATRICK J</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">655 OAK HARBOUR DRIVE #109</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">ALTAMONTE SPRINGS, FL 32701</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>Delete</td> <td>NAME</td> <td>DISALVATORE PATRICK J</td> <td>Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">655 OAK HARBOUR DRIVE #109</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">ALTAMONTE SPRINGS, FL 32701</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>Delete</td> <td>NAME</td> <td>DISALVATORE, JAMES V</td> <td>Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">452 OSCEOLA ST., #108</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">ALTAMONTE SPRINGS, FL 32701</td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>Delete</td> <td>NAME</td> <td>DISALVATORE, JAMES V.</td> <td>Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">452 OSCEOLA ST #108</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">ALTAMONTE SPRINGS, FL</td> </tr> <tr> <td>TITLE</td> <td>P</td> <td>Delete</td> <td>NAME</td> <td>DISALVATDRE, PATRICIA J</td> <td>Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">171 ARCHERS POINT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">LONGWOOD, FL 32779</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>Delete</td> <td>NAME</td> <td>DISALVATORE, PATRICK J</td> <td>Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">171 ARCHERS POINT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">LONGWOOD, FL 32779</td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Change</td> <td style="width: 10%;">NAME</td> <td style="width: 40%;">Disalvatore, Patrick J.</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">2749 Deer Berry Court</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">Longwood, FL 32779</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>Change</td> <td>NAME</td> <td>Disalvatore, Patrick J.</td> <td>Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">2749 Deer Berry Court</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">Longwood, FL 32779</td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change</td> <td>NAME</td> <td></td> <td>Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change</td> <td>NAME</td> <td></td> <td>Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table> </div> </div>				TITLE	P	Delete	NAME	DISALVATORE, PATRICK J	Delete	STREET ADDRESS	655 OAK HARBOUR DRIVE #109					CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701					TITLE	T	Delete	NAME	DISALVATORE PATRICK J	Delete	STREET ADDRESS	655 OAK HARBOUR DRIVE #109					CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701					TITLE	VP	Delete	NAME	DISALVATORE, JAMES V	Delete	STREET ADDRESS	452 OSCEOLA ST., #108					CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701					TITLE	S	Delete	NAME	DISALVATORE, JAMES V.	Delete	STREET ADDRESS	452 OSCEOLA ST #108					CITY-ST-ZIP	ALTAMONTE SPRINGS, FL					TITLE	P	Delete	NAME	DISALVATDRE, PATRICIA J	Delete	STREET ADDRESS	171 ARCHERS POINT					CITY-ST-ZIP	LONGWOOD, FL 32779					TITLE	T	Delete	NAME	DISALVATORE, PATRICK J	Delete	STREET ADDRESS	171 ARCHERS POINT					CITY-ST-ZIP	LONGWOOD, FL 32779					TITLE	P	Change	NAME	Disalvatore, Patrick J.	Addition	STREET ADDRESS	2749 Deer Berry Court					CITY-ST-ZIP	Longwood, FL 32779					TITLE	T	Change	NAME	Disalvatore, Patrick J.	Addition	STREET ADDRESS	2749 Deer Berry Court					CITY-ST-ZIP	Longwood, FL 32779					TITLE		Change	NAME		Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE		Change	NAME		Addition	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 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: <u>Patrick J. Disalvatore</u> (PATRICK J. DISALVATORE) 6/13/08 (321) 277-5675 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																																							