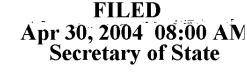
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000072904 1. Entity Name ASSOCIATED TRADING COMPANY INC Principal Place of Business Mailing Address 12136 COBBLESTONE DR. 12136 COBBLESTONE DR. HUDSON, FL 34667 HUDSON, FL 34667







DO	NOT	WRITE	IN	THIS	SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04242004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3330672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

RAMAPPA, GOGI M 12136 COBBLESTONE DRIVE HUDSON, FL 34667

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 The above the obligate SIGNATURE_ 	named entity submits this statement for the priors of registered agent.				oth, in the State of	of Florida. I am fan	iliar with, and	accep
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signaure	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	T. DATE		<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing	\$5.00 May Be Added to Fees	1100000 04/30/04-)144013 -80116-005	150.00	
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADORESS CITY-ST-ZIP	PST WEBER, LAURA 12136 COBBLESTONE DR. HUDSON, FL 34667	2.5%	-	<u>.</u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMAPPA, ARATHIA J 12136 COBBLESTONE DR. HUDSON, FL 34667		-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		نمو ده د د سود		DO	NOT '	WRITE		
TITLE NAME STREET ADORESS CITY-ST-ZIP		y': - z a ≡		IN	THIS S	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					e seet		w . 3-1-1	
or the con	entify that the information supplied with this filt on this report or supplemental report is true are coration or the receiver or trustee empowered or on an attachment/with an address, with all	TO execute this tenori as tentile	ption stated re shall hav d by Chapt	in Section 119.07(3) e the same legal effe er 607, Florida Statut	(i), Florida Statut ct as if made und es; and that my n	es. I further certify fer oath; that I am a ame appears in Bl	that the inform an officer or di ock 10 or Bloc	rector k 11 if