

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000013769

Entity Name: FAMILY ASSOCIATES, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

101 CHARDIN DR  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 520  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 65-0643379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWAN, PETER J  
101 CHARDIN DR  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROWAN, ROBERTA S  
Address: 101 CHARDIN DR  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: ROWAN, PETER J  
Address: 101 CHARDIN DR  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTA ROWAN

D

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date