

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000028937

**FILED  
Apr 12, 2005  
Secretary of State**

**Entity Name:** ALDRICH & ASSOCIATES OF ORMOND BEACH, INC.

**Current Principal Place of Business:**

1474 W GRANADA BLVD  
SUITE 485  
ORMOND BCH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

1474 W GRANADA BLVD  
SUITE 485  
ORMOND BCH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 59-3373259      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH  
PALM COAST, FL 32137 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALDRICH, SANDRA  
Address: 28 SEA VISTA DR  
City-St-Zip: PALM COAST, FL

Title: D ( ) Delete  
Name: ALDRICH, MELISSA  
Address: 3648 GALWAY LN  
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete  
Name: ALDRICH, TODD  
Address: 3648 GALWAY LN  
City-St-Zip: ORMOND BCH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TODD R. ALDRICH

SVP

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date