2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90084 023 ***150.00

DOCUMENT # P96000047799

1. Entity Name
FERREIRA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1104 WHITEHEART CT MARCO ISLAND, FL 34145	1104 WHITEHEART CT MARCO ISLAND, FL 34145

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
34 E. PARK AVE	34 E. PARK AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL.	City & State: ST. AUGUSTINE, FL.
Zip: 32084 Country: U.S.A.	Zip: 32084 Country: U.S.A.

4. FEI Number: 65-0682110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERREIRA, STEPHEN 1104 WHITEHEART CT MARCO ISLAND, FL 33937	Name: FERREIRA, STEPHEN Street Address (P.O. Box Number is Not Acceptable): 34 E. PARK AVE. ST. AUGUSTINE, City FL Zip Code 32084

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: STEPHEN FERREIRA [signature] 1/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERREIRA, STEPHEN T 1104 WHITEHEART CT MARCO ISLAND, FL 33937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	34 E. PARK AVE ST. AUGUSTINE, FL. 32084	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 1/12/05 904.824.1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #