2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # P98000031177** 1. Entity Name ASSOCIATED PROPERTIES, INC. Principal Place of Business Mailing Address 1272 WYNDHAM PINE DR 1272 WYNDHAM PINE DR APOPKA, FL 32712 APOPKA, FL 32712 CR2E034 (11/05) No Chg-P 01052008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3504906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SANDLER, JACQUELINE C DO NOT WRITE 1272 WYNDHAM PINE DR **APOPKA, FL 32712** IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees - U00000882473---OFFICERS AND DIRECTORS 10. TITLE NAME SANDLER, JACQUELINE 1272 WYNDHAM PINE DR. STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fiting 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:

CITY-ST-ZIP

SEGNATURE AND TYPED OF PRINTED NAME OF BIGHING OFFICER OF DIRECTOR

407-869-7370

Daytime Phone #

FILED