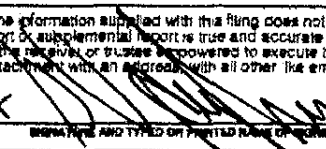


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037792		
1. Entity Name VAUGHAN & ASSOCIATES, INC.		
Principal Place of Business 2800 RIVERSIDE DRIVE, #102B CORAL SPRINGS, FL 33065		Mailing Address 2800 RIVERSIDE DRIVE, #102B CORAL SPRINGS, FL 33065
DO NOT WRITE IN THIS SPACE		
01122004 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0829187 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VAUGHN, STEPHEN 2800 RIVERSIDE DRIVE, #102B CORAL SPRINGS, FL 33065		DO NOT WRITE 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 retaining DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	VAUGHN, STEPHEN	
STREET ADDRESS	2800 RIVERSIDE DRIVE, #102B	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 007, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agreement with all other like empowered.		
SIGNATURE:  1/12/04 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE Daytime Phone #		