

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90002 037 \*\*\*150.00

DOCUMENT # P98000043078

1. Entity Name

ASSOCIATES AND SCRIBNER/TRACE, INC.



Principal Place of Business

1757 DOGWOOD DRIVE  
MARCO ISLAND FL 34145

Mailing Address

BOX 2333  
MARCO ISLAND FL 34146

2. Principal Place of Business

5285 SE 160th Ave

3. Mailing Address

5285 SE 160th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Ocklawaha, FL

City & State

Ocklawaha, FL

4. FEI Number

59-3512529

Applied For

Not Applicable

Zip

32179

Country

MARION

Zip

32179

Country

MARION

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

Name

TRACE, JOAN  
1757 DOGWOOD DRIVE  
MARCO ISLAND FL 34145

Street Address (P.O. Box Number is Not Acceptable)

5285 SE 160th Ave

City

Ocklawaha, FL

FL

Zip Code

32179

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

Joan A. Trace

3/23/05

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

Make Check Payable to Florida Department of State

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 D ☐ Delete  
NAME TRACE, JOAN  
STREET ADDRESS 1757 DOGWOOD DRIVE  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5285 SE 160th Avenue  
CITY-ST-ZIP Ocklawaha, FL 32179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Joan A. Trace

JOAN A. TRACE

3/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-635-4767 Daytime Phone #