


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90116 036 ***150.00

DOCUMENT # P98000080465 1. Entity Name CED ASSOCIATES, INC.					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address P.O. BOX 4961 ORLANDO, FL 32802		
2. Principal Place of Business 875 Concourse Pkwy S			3. Mailing Address SAME AS #2		
Suite, Apt. #, etc. Suite 150			Suite, Apt. #, etc. SAME AS #2		
City & State MAITLAND, FL			City & State MAITLAND, FL		
Zip 32751		Country US		Zip 32751	
Country US		Zip 32751		Country US	
4. FEI Number 59-3539015				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Thomas R Burns, Esq Street Address (P.O. Box Number is Not Acceptable) 875 Concourse Pkwy S Suite 150 City MAITLAND FL Zip Code 32751		
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 <u><i>Thomas R. Burns, Esq</i></u> 3-7-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST GINSBURG, ALAN H 1551 SANDSPUR ROAD MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND, FL 32751	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND, FL 32751	<input type="checkbox"/> Delete			
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: <u><i>Tricia Doody, Vice Pres.</i></u> 407/741-8500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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