

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000014200**

1. Entity Name  
**ASSOCIATED HOLDINGS, INC.**

Principal Place of Business  
**245 10TH AVENUE NORTH  
SAFETY HARBOR, FL 34695**

Mailing Address  
**245 10TH AVENUE NORTH  
SAFETY HARBOR, FL 34695**

**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3560563**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NASH, THOMAS C II  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756**

**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 reinstating)

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 Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FRANCIS HOOKS, BILLY  
STREET ADDRESS 245 10TH AVENUE NORTH  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE STD  
NAME MARY HOOKS, MELODY  
STREET ADDRESS 245 10TH AVENUE NORTH  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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01/20/04-80040-008 150.00

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IN THIS SPACE**

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:** Melody M. Hooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-04

Date

(927) 726 6702

Daytime Phone #