


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

DOCUMENT # P99000027184 1. Entity Name ARISTOCRAT ASSOCIATES, INC.	
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Principal Place of Business 2331-2 BRUNER LANE FORT MYERS, FL 33912	Mailing Address 2331-2 BRUNER LANE FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1076082	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUERRA, NICHOLAS D 8501 YORKSHIRE LANE FORT MYERS, FL 33919
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**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 	<u>President</u> (NOTE: Registered Agent signature required when reinstating)	<u>3/31/05</u> DATE


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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRA, NICHOLAS D 8501 YORKSHIRE LN FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRA, THERESA J 8501 YORKSHIRE LN FORT MYERS, FL 33919
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04/13/05--01061--002 **600.00

**DO NOT WRITE
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 persons empowered.		
SIGNATURE: 	<u>4-1-05</u> Date	<u>239-437-7993</u> Daytime Phone #