

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714252

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** ASSOCIATED BUILDERS AND CONTRACTORS OF FLORIDA, INC.

**Current Principal Place of Business:**

2008 N. HIMES  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2008 N. HIMES  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-1957412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONA, JR, STEVE P  
2008 N. HIMES  
TAMPA, FL 33607      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KEATING, TIM  
Address: 3333 LAWRENCE STREET  
City-St-Zip: ORLANDO, FL 32805

Title: T      ( ) Delete  
Name: CONA, STEVE  
Address: 2008 N HIMES AVENUE  
City-St-Zip: TAMPA, FL 33607

Title: D      ( ) Delete  
Name: BRUNER, MICHAEL  
Address: 11971 NW 37TH ST.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D      ( ) Delete  
Name: HAMILTON, DAVID  
Address: 701 W. ADAMS ST.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: P      ( ) Delete  
Name: STOUT, GARY  
Address: 5121 BLOUNTSTOWN HWY.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D      ( ) Delete  
Name: WISE, III, LOUIE  
Address: 737 SW 57TH AVE.  
City-St-Zip: Ocala, FL 33474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE P. CONA, JR.

Electronic Signature of Signing Officer or Director

DIR.

04/25/2006

Date