

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714252

FILED  
Jan 07, 2008  
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: S ( ) Delete  
Name: WYLIE, MARK  
Address: 651 DANVILLE DRIVE  
City-St-Zip: ORLANDO, FL 32825

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

Title: D ( ) Delete  
Name: BRUNER, MICHAEL  
Address: 3730 COCONUT CREEK PARKWAY  
City-St-Zip: COCONUT CREEK, FL 33066

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

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

Title: P ( ) Delete  
Name: BOUCHARD, RAY  
Address: 101 STARCREST DRIVE  
City-St-Zip: CLEARWATER, FL 33765

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

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

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

Title: D (X) Change ( ) Addition  
Name: BRUNER, MICHAEL  
Address: 2101 NORTH ANDREWS AVE. #300  
City-St-Zip: FT.LAUDERDALE, FL 33311

Title: D (X) Change ( ) Addition  
Name: LAY, RON  
Address: 8529 SOUTH PARK CIRCLE #130  
City-St-Zip: ORLANDO, FL 32819

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 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

T

01/07/2008

\_\_\_\_\_  
Date