

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714252

FILED
Jan 14, 2009
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: 2101 NORTH ANDREWS AVE. #300
City-St-Zip: FT.LAUDERDALE, FL 33311

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

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: T (X) Change () Addition
Name: CONA, STEVE P JR.
Address: 2008 N HIMES AVENUE
City-St-Zip: TAMPA, FL 33607

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

Title: P (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: D (X) Change () Addition
Name: JIMEMEZ, CHRIS
Address: 4253 BRENTWOOD PLACE CIRCLE
City-St-Zip: TAMPA, FL 33624

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.

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date