

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714252

FILED  
Jan 03, 2011  
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  
Name: WYLIE, MARK  
Address: 651 DANVILLE DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: T  
Name: CONA, STEVE P JR.  
Address: 2008 N HIMES AVENUE  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: WOLF, BRIAN  
Address: ONE E. BROWARD BLVD. #620  
City-St-Zip: FT.LAUDERDALE, FL 33301

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

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

Title: D  
Name: VISLAY, JOE  
Address: 5523 W. CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: STEVE P. CONA JR

TRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date