


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90024 038 ***150.00

DOCUMENT # P04000029601

1. Entity Name
 ASSOCIATED CONSTRUCTION GROUP, INC.



Principal Place of Business: 2901 W BUSCH BLVD, SUITE 1018, TAMPA, FL 33618

Mailing Address: P O BOX 328, ODESSA, FL 33556

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State: Tampa, FL

City & State: Odessa, FL

Zip: 33618 Country: FL

Zip: 33556 Country: FL

40020300



02052008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-0730581 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCK, DONALD B
 2901 W BUSCH BLVD
 SUITE 1018
 TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD	BOCK, DONALD B II	<input type="checkbox"/> Delete
NAME: BOCK, DONALD B II	17407 ISBELL LN	
STREET ADDRESS: 17407 ISBELL LN	ODESSA, FL 33556	
CITY-ST-ZIP: ODESSA, FL 33556		
TITLE: TD	BAKER, ROBERT L	<input type="checkbox"/> Delete
NAME: BAKER, ROBERT L	6161 BOATWRITE RD	
STREET ADDRESS: 6161 BOATWRITE RD	BROOKSVILLE, FL 34609	
CITY-ST-ZIP: BROOKSVILLE, FL 34609		
TITLE: SD	KETCHUM, EDWARD L	<input checked="" type="checkbox"/> Delete
NAME: KETCHUM, EDWARD L	6228 9TH AVE N	
STREET ADDRESS: 6228 9TH AVE N	ST PETERSBURG, FL 33710	
CITY-ST-ZIP: ST PETERSBURG, FL 33710		
TITLE: _____	_____	<input type="checkbox"/> Delete
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-ST-ZIP: _____	_____	
TITLE: _____	_____	<input type="checkbox"/> Delete
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-ST-ZIP: _____	_____	
TITLE: _____	_____	<input type="checkbox"/> Delete
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-ST-ZIP: _____	_____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-ST-ZIP: _____	_____	
TITLE: SD	BAKER, ROBERT L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BAKER, ROBERT L	6161 BOATWRITE RD	
STREET ADDRESS: 6161 BOATWRITE RD	BROOKSVILLE, FL 34609	
CITY-ST-ZIP: BROOKSVILLE, FL 34609		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-ST-ZIP: _____	_____	
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-ST-ZIP: _____	_____	
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-ST-ZIP: _____	_____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE: _____ DATE: 2/5/08 DAYTIME PHONE #: 813 990-8408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR