

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 269573</b>	
1. Entity Name <b>ASSOCIATED CONTRACTORS INCORPORATED</b>	
Principal Place of Business <b>OLD COTTONDALE ROAD P.O. DRAWER 839 MARIANNA, FL 32447</b>	Mailing Address <b>OLD COTTONDALE ROAD P.O. DRAWER 839 MARIANNA, FL 32447</b>



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**DO NOT WRITE IN THIS SPACE**

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1004172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
**BURLESON, JAMES L. JR.  
3840 HWY 90  
MARIANNA, FL 32446**

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

*(Signature of James L. Jr. Burleson)*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/15/05**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BURLESON, JEAN B. 3840 HWY 90 MARIANNA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MORRIS, EDWARD L. 2153 HOLLEY TIMBER ROAD COTTONDALE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CARR, MARTHA 6241 OLD SPANISH TRL CYPRESS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BURLESON, JAMES L., JR. 3840 HWY 90 MARIANNA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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02/16/05-80007-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lists empowered.

**SIGNATURE:**

*(Signature of James L. Jr. Burleson)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/05**

DATE

**850/526-2675**

Daytime Phone #