2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 269573

1. Entity Name
ASSOCIATED CONTRACTORS INCORPORATED

Principal Place of Business	Mailing Address
OLD COTTONDALE ROAD P.O. DRAWER 839 MARIANNA, FL 32447	OLD COTTONDALE ROAD P.O. DRAWER 839 MARIANNA, FL 32447

DO NOT WRITE IN THIS SPACE

03242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1004172
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURLESON, JAMES L. JR.
3840 HWY 90
MARIANNA, FL 32446

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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 _____ James L. Burleson, Jr., President April 7, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/22/06-80079-016 150.00

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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 like empowered.

SIGNATURE: _____ James L. Burleson, Jr. 4/07/06 850/526-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #