

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90156 050 \*\*\*150.00

**DOCUMENT # 269573**

1. Entity Name

**ASSOCIATED CONTRACTORS INCORPORATED**



Principal Place of Business

**OLD COTTONDALE ROAD  
P.O. DRAWER 839  
MARIANNA FL 32447**

Mailing Address

**OLD COTTONDALE ROAD  
P.O. DRAWER 839  
MARIANNA FL 32447**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1004172**

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and fee filer (if applicable).

(NOTE: Registered Agent sign/turn required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **BURLESON, JEAN B.**  
STREET ADDRESS **3840 HWY 90**  
CITY- ST- ZIP **MARIANNA FL**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Delete  
NAME **MORRIS, EDWARD L.**  
STREET ADDRESS **2153 HOLLEY TIMBER ROAD**  
CITY- ST- ZIP **COTTONDALE FL**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Delete  
NAME **CARR, MARTHA**  
STREET ADDRESS **6241 OLD SPANISH TRL**  
CITY- ST- ZIP **CYPRESS FL**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **BURLESON, JAMES L., JR.**  
STREET ADDRESS **3840 HWY 90**  
CITY- ST- ZIP **MARIANNA FL**

☒ Change ☐ Addition  
TITLE **P/S/T/D**  
NAME **James L. Burleson, Jr.**  
STREET ADDRESS **3840 Hwy 90**  
CITY- ST- ZIP **Marianna, Florida 32446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
TITLE  
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 Section 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. Pres. 4/16.2008 850/526-8248**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #