2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714252

FILED Jan 08, 2007 Secretary of State

Entity Name: ASSOCIATED BUILDERS AND CONTRACTORS OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 2008 N. HIMES TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 2008 N. HIMES TAMPA, FL 33607 FEI Number: 59-1957412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONA, JR, STEVE P 2008 N. HIMES TAMPA, FL 33607 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KEATING, TIM WYLIE, MARK Name: Name: 3333 LAWRENCE STREET Address: 651 DANVILLE DRIVE Address: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: Title: () Delete () Change () Addition CONA, STEVE Name: Name: Address: 2008 N HIMES AVENUE Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRUNER, MICHAEL BRUNER, MICHAEL Name: Name: 11971 NW 37TH ST. 3730 COCONUT CREEK PARKWAY Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: COCONUT CREEK, FL 33066 Title: () Delete Title: () Change () Addition Name: HAMITON, DAVID Name: Address: 701 W. ADAMS ST. Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: () Delete Title: (X) Change () Addition STOUT, GARY STOUT, GARY Name: Name: 5121 BLOUNTSTOWN HWY. 5121 BLOUNTSTOWN HWY. Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32304 Title: () Delete Title: (X) Change () Addition BOUCHARD, RAY WISE, III, LOUIE Name: Name: Address: 737 SW 57TH AVE. Address: 101 STARCREST DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVE P. CONA, JR. TRES 01/08/2007

OCALA, FL 33474

City-St-Zip:

CLEARWATER, FL 33765