2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000000407

SIGNATURE: \(\)

1. Entity Name ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.



FILED Mar 22, 2007 8:00 am Secretary of State

Daytime Phone #

03-22-2007 90013 044 ****61.25

				TIES					
Principal Place of Business 5000 GRANTSWOOD ROAD IRONDALE, AL 35210		Mailing Address P.O. BOX 102066 IRONDALE, AL 35210							
	 								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							illol 1 1 100)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302007	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Number 63-6049				oplied For
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	ı 🗆	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent .	
\\(\(\)\(\)	IAMEO		Name						
201 S. F. S	_, JAMES L STREET DLA, FL 35201-4527		Street A	Address (P.	O. Box Number	r is Not Accepta	ble)		
			City				FI	Zip Cod	e
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office of	or registered	agent, or both	n, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE	Times L. W	ovdall				3/19/	107		
	Signature, typed or printed name of registered agent	and the trapplicable. (NOTE.	Registered Agent signa	ture required wi	nen reinstating)	1 '	DATE		
			9. Election Campaign Financing Trust Fund Contribution.			1			
	-Ffling Fee is \$61.25 Due by May 1, 2007				55.00 May Be dded to Fees			ck payable to ortment of S	
10.		Trust Fund Co		Δ Δ	dded to Fees		orida Depa	ertment of S	tate
10.	OFFICERS AND DIF	Trust Fund Co	ontribution.	Δ Δ	dded to Fees	FI	orida Depa	ertment of S	tate
TITLE NAME	OFFICERS AND DIF	Trust Fund Co	11. TITLE NAME	C Duane	DITIONS/CHA	NGES TO OFFIC	Orida Depa	DIRECTORS IN Change	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIF P STEWART, EDDIE 450 ROSE DRIVE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	C Duane	DITIONS/CHA	NGES TO OFFIC	Orida Depa	DIRECTORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Duane 500 S Birmi	DITIONS/CHA	FI	Orida Depa	DIRECTORS IN Change	I 10 X Addition
TITLE NAME STREET ADDRESS	P STEWART, EDDIE 450 ROSE DRIVE FLORENCE, AL 35630	Trust Fund Co	11. TITLE NAME STREET ADDRESS	C Duane 500 S Birmi	Watson outhland	NGES TO OFFICE Drive, L 35226	Orida Depa	DIRECTORS IN Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P STEWART, EDDIE 450 ROSE DRIVE FLORENCE, AL 35630 V HAGOOD, HENRY T JR. 5000 GRANTSWOOD ROAD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	C Duane 500 S Birmi P Henry	DITIONS/CHA	NGES TO OFFICE Drive, 35226 Dod, Jr.	Orida Depa	DIRECTORS IN Change	I 10 X Addition
TITLE NAME STREET ADDRESS CFTY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIF P STEWART, EDDIE 450 ROSE DRIVE FLORENCE, AL 35630 V HAGOOD, HENRY T JR. 5000 GRANTSWOOD ROAD IRONDALE, AL 35210	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	C Duane 500 S Birmi P Henry 5000	Watson outhland ngham, A	I Drive, L 35226	Orida Depa	intrement of Signature of Signa	tate 1 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIF P STEWART, EDDIE 450 ROSE DRIVE FLORENCE, AL 35630 V HAGOOD, HENRY T JR. 5000 GRANTSWOOD ROAD IRONDALE, AL 35210 D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	C Duane 500 S Birmi P Henry 5000 Irond S	Watson outhland ngham, A T. Hago Grantswo	I Drive, L 35226	Orida Depa	DIRECTORS IN Change	I 10 X Addition
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1 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 617, 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR