

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003165

FILED
May 23, 2005
Secretary of State

Entity Name: ALLIED CONTRACTING COMPANY, INC.

Current Principal Place of Business:

6039 STATESBORO HIGHWAY
SYLVANIA, GA 30467

New Principal Place of Business:

Current Mailing Address:

6039 STATESBORO HIGHWAY
SYLVANIA, GA 30467

New Mailing Address:

FEI Number: 58-1707944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSS, MARY
301 E. CHERRY ST.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BURKE, JOHN
Address: 6039 STATESBORO HWY
City-St-Zip: SYLVANIA, GA

Title: ST () Delete
Name: BURKE, LINDA
Address: 6039 STATESBORO HWY
City-St-Zip: SYLVANIA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BURKE

PCD

05/23/2005

Electronic Signature of Signing Officer or Director

Date