

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J23781

1. Entity Name  
ASSOCIATED CONSTRUCTION PRODUCTS, INC.



Principal Place of Business  
25352 WESLEY CHAPEL BLVD.  
LUTZ, FL 33559

Mailing Address  
25352 WESLEY CHAPEL BLVD.  
LUTZ, FL 33559

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2692893

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FALLS, LAWRENCE RAYMOND  
16227 IVY LAKE DR  
ODESSA, FL 33556

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000953740  
07/09/08-800003-021 550.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FALLS, LAWRENCE R. 16227 IVY LAKE DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSTON, STEVEN 4738 WOODMERE RD LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETHARDS, JOHN D 16371 IVY LAKES DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-08

813)973-4425