

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90064 026 \*\*\*150.00

<b>DOCUMENT # K94076</b> 1. Entity Name <b>ADVANCED GENERAL CONTRACTING, INC.</b>					
Principal Place of Business <b>12155 METRO PKWY UNIT 1 FT MYERS FL, 33912 US</b>			Mailing Address <b>9811 CAPSTAN CT FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business <b>1014 COUNTRY CLUB BLVD.</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE #1</b>			
City & State <b>CAPE CORAL FL</b>		City & State City: _____ State: _____		4. FEI Number <b>59-2960164</b>	
Zip <b>33990</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE ROSSO, BART J. 9811 CAPSTAN CT FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DE ROSSO, BART J. 9811 CAPSTAN CT. FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: <u>Bart J. DeRosso</u> BART J. DE ROSSO 1-14-05 (239) 691-5900</b>					