

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 19, 2004
Secretary of State**

DOCUMENT# N50666

Entity Name: FLORIDA ASSOCIATED GENERAL CONTRACTORS FOR BETTER GOVERNMENT, INC.

Current Principal Place of Business:

2934 BAYSHORE DR
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

PO BOX 10569
TALLAHASSEE, FL 32302 US

Current Mailing Address:

P.O. BOX 10569
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 91-2065232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, R. ALLEN
1395 SHOTGUN RD
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

DOUGLAS, ALLEN
1395 SHOTGUN RD
SUNRISE, FL 33326 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: ALLEN DOUGLAS 06/19/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DOUGLAS, R. ALLEN
Address: 200 W. COLLEGE AVE. STE 205
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PD () Delete
Name: BRIAN, PETERSEN
Address: 8517 S. PARK CIRCLE, STE 200
City-St-Zip: ORLANDO, FL 32819

Title: DV (X) Delete
Name: HEDRICK, DALE
Address: 2200 CENTREPARK WEST DR SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: DALE, HEDRICK
Address: 2200 CENTREPARK WEST DR, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN DOUGLAS ST 06/19/2004
Electronic Signature of Signing Officer or Director Date