## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50666

FILED Jun 19, 2004 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2934 BAYSHORE DR PO BOX 10569

TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32302 US

Current Mailing Address: New Mailing Address:

P.O. BOX 10569

TALLAHASSEE, FL 32302 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST ()Delete Title: ()Change()Addition

 Name:
 DOUGLAS, R. ALLEN
 Name:

 Address:
 200 W. COLLEGE AVE. STE 205
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301 US
 City-St-Zip:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: BRIAN, PETERSEN Name: DALE, HEDRICK

Address: 8517 S. PARK CIRCLE, STE 200 Address: 2200 CENTREPARK WEST DR, SUITE 100

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WEST PALM BEACH, FL 33409

Title: DV (X) Delete Title: ( ) Change ( ) Addition

Name:HEDRICK, DALEName:Address:2200 CENTREPARK WEST DR SUITE 100Address:City-St-Zip:WEST PALM BEACH, FL 33409City-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