2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007008

FILED Sep 07, 2005 Secretary of State

Entity Name: THE ASSOCIATED GENERAL CONTRACTORS OF GREATER FLORIDA, INC.

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

4720 SALISBURY ROAD - SUITE 238 1203 GOVERNORS SQUARE BOULEVARD JACKSONVILLE, FL 32256

SUITE 202

TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

4720 SALISBURY ROAD - SUITE 238 1203 GOVERNORS SQUARE BOULEVARD

JACKSONVILLE, FL 32256 SUITE 202

TALLAHASSEE, FL 32301

FEI Number: 59-3545840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

F&LCORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition PROEFKE, ED JR BYRD, CATHY Name: Name:

1108 ELDERIDGE STREET Address: 308 EAST OAK AVENUE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: TAMPA, FL 33619

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

GREENFIELD, BARRY Name: PRICE, DAVID Name:

Address: P.O BOX 21327 Address: 8529 SOUTH PARK CIRCLE, SUITE 250

City-St-Zip: TAMPA, FL 33622 City-St-Zip: ORLANDO, FL 32819

Title: EVD () Delete Title: (X) Change () Addition HALL, STEVAN A Name: PITTS, WILLIAM Name:

4720 SALISBURY ROAD - SUITE 238 3840 CROWN POINT ROAD, SUITE B Address: Address:

City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32257

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: CATHY BYRD PD 09/07/2005