

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054549

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: ASSOCIATED CONSTRUCTION AND DEVELOPMENT, INC.

## Current Principal Place of Business:

7999 MERCANTILE STREET  
UNIT 15  
NORTH FORT MYERS, FL 33917

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3443  
NORTH FORT MYERS, FL 33918

## New Mailing Address:

FEI Number: 65-1017930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AVERILL, JOHN P  
7999 MERCANTILE STREET  
UNIT 15  
NORTH FORT MYERS, FL 33917 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AVERILL, BOBBI J  
Address: 7999 MERCANTILE STREET, UNIT 15  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: V ( ) Delete  
Name: AVERILL, JOHN P  
Address: 7999 MERCANTILE STREET, UNIT 15  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: V ( ) Delete  
Name: FISCHER, MICHAEL B  
Address: 7999 MERCANTILE STREET, UNIT 15  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S/T ( ) Delete  
Name: AVERILL, BOBBI J  
Address: 7999 MERCANTILE STREET, UNIT 15  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBI J. AVERILL

P

03/22/2007

Electronic Signature of Signing Officer or Director

Date