

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90105 036 \*\*\*150.00

DOCUMENT # P04000029601  
 1. Entity Name  
 ASSOCIATED CONSTRUCTION GROUP, INC.



Principal Place of Business: 17407 ISBELL LN, ODESSA, FL 33556  
 Mailing Address: 17407 ISBELL LN, ODESSA, FL 33556

2. Principal Place of Business: 4803 GEORGE RD, SUITE 310, TAMPA, FL 33634  
 3. Mailing Address: PO Box 328, ODESSA, FL 33556



01102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent: BOCK, GONALD B II, 17407 ISBELL LN, ODESSA, FL 33556  
 7. Name and Address of New Registered Agent: BOCK, DONALD B, 4803 GEORGE RD, SUITE 310, TAMPA, FL 33634

4. FEI Number: 20-0730581  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: BROCK, DONALD B II STREET ADDRESS: 17407 ISBELL LN CITY-ST-ZIP: ODESSA, FL 33556	<input type="checkbox"/> Delete (CORRECTION)	TITLE: PD NAME: BOCK, DONALD B II STREET ADDRESS: 17407 ISBELL LANE CITY-ST-ZIP: ODESSA, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BAKER, ROBERT L STREET ADDRESS: 6161 BOATWRITE RD CITY-ST-ZIP: BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: KETCHUM, EDWARD L STREET ADDRESS: 6228 9TH AVE N CITY-ST-ZIP: ST PETERSBURG, FL 33710	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_ DATE: 13 January 2005 813-881-1898  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #