


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 008 ***150.00

DOCUMENT # P04000029601

1. Entity Name
ASSOCIATED CONSTRUCTION GROUP, INC.



Principal Place of Business
**4803 GEORGE RD
 SUITE 310
 TAMPA, FL 33634**

Mailing Address
**P O BOX 328
 ODESSA, FL 33556**

2. Principal Place of Business
2901 W. BOSCH BLVD
 Suite, Apt. #, etc.
SUITE 1018
 City & State
TAMPA, FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
33618

6. Name and Address of Current Registered Agent
**BOCK, DONALD B
 4803 GEORGE RD
 SUITE 310
 ODESSA, FL 33556**

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: **DONALD B BOCK**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when re-registering)

DATE: **2/14/06**
DATE

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOCK, DONALD B II		NAME	
STREET ADDRESS 17407 ISBELL LN		STREET ADDRESS	
CITY-ST-ZIP ODESSA, FL 33556		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, ROBERT L		NAME	
STREET ADDRESS 6161 BOATWRITE RD		STREET ADDRESS	
CITY-ST-ZIP BROOKSVILLE, FL 34609		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KETCHUM, EDWARD L		NAME	
STREET ADDRESS 6228 9TH AVE N		STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG, FL 33710		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **DONALD B BOCK II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/14/06**
DATE

DAYTIME PHONE: **813-990-8408**
DAYTIME PHONE #

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02142006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0730581

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2901 W. BOSCH BLVD

SUITE 1018

City **TAMPA** FL Zip Code **33618**