

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90066 003 ***150.00

DOCUMENT # P06000018960

1. Entity Name
ALLIED BUILDING CONCEPTS, INC.



Principal Place of Business
100 WEST PLANT STREET
WINTER GARDEN, FL 34787

Mailing Address
100 WEST PLANT STREET
WINTER GARDEN, FL 34787

2. Principal Place of Business - No P.O. Box #

855 EAST PLANT ST.

3. Mailing Address

855 EAST PLANT ST

Suite, Apt. #, etc.

SUITE 1200

Suite, Apt. #, etc.

SUITE 1200

City & State

WINTER GARDEN FL

City & State

WINTER GARDEN FL

Zip

34787

Country

USA

Zip

34787

Country

01212008

Chg-P

CR2E034 (12/06)

4. FEI Number

56-2561913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOHN A
1325 WEST COLONIAL DRIVE
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name
M. WADE BRADFORD

Street Address (P.O. Box Number is Not Acceptable)

855 EAST PLANT STREET

SUITE 1200

City

WINTER GARDEN

FL

Zip Code

34787

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

Signature, typed or printed name of registered agent and title if applicable.

M. WADE BRADFORD PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
BRADFORD, M. WADE
100 WEST PLANT STREET
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BRADFORD, CAMERON W
100 WEST PLANT STREET
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DOWD, JOSEPH M
100 WEST PLANT STREET
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FEITSMA, ORRIE
100 WEST PLANT STREET
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
855 EAST PLANT ST
SUITE 1200
WINTER GARDEN FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
855 EAST PLANT ST
SUITE 1200
WINTER GARDEN FL 34787

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. WADE BRADFORD
PRES.

Date

2/20/08

Daytime Phone #

407-654-0038