


**2005.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 1082
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000098207 1. Entity Name ALLICO CONSTRUCTION INC.	
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Principal Place of Business 2401 ISLAND DR. MIRAMAR, FL 33023	Mailing Address 2401 ISLAND DR. MIRAMAR, FL 33023
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DO NOT WRITE IN THIS SPACE



08052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0960679	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALLISON, ALDO 2401 ISLAND DR. MIRAMAR, FL 33023
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLISON, ALDON 2401 ISLAND DR. MIRAMAR, FL 33023
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08/15/05-80004-003 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date _____ Daytime Phone # _____