


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # S77417 1. Entity Name ALLIED CONSTRUCTION, INC.	
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Principal Place of Business 3818 DEL PRADO BLVD CAPE CORAL, FL 33904 US	Mailing Address 3818 DEL PRADO BLVD CAPE CORAL, FL 33904 US
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0289937	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DRISCOLL, EDWARD
2831 SW 43RD ST.
CAPE CORAL, FL 33914**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P DRISCOLL, SUSAN 2831 SW 43RD STREET CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRISCOLL, EDWARD 2831 SW 43RD STREET CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLINS, LANCE 2814 SW 47TH TERRACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80038-011 150.00

**DO NOT WRITE
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

1-6-05

Date

239-540-0008

Daytime Phone #