

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77417

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: ALLIED CONSTRUCTION, INC.

## Current Principal Place of Business:

3818 DEL PRADO BLVD  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

1706 NE 10TH TERRACE  
SUITE A  
CAPE CORAL, FL 33909 US

## Current Mailing Address:

3818 DEL PRADO BLVD  
CAPE CORAL, FL 33904 US

## New Mailing Address:

1706 NE 10TH TERRACE  
SUITE A  
CAPE CORAL, FL 33909 US

FEI Number: 65-0289937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DRISCOLL, SUSAN  
Address: 2831 SW 43RD STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: T ( ) Delete  
Name: DRISCOLL, EDWARD  
Address: 2831 SW 43RD STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete  
Name: COLLINS, LANCE  
Address: 2814 SW 47TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COLLINS, LANCE  
Address: 37541 OLD FARM ROAD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: S ( ) Change (X) Addition  
Name: COLLINS, GWEN  
Address: 37541 OLD FARM ROAD  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN DRISCOLL

P

04/04/2006

Electronic Signature of Signing Officer or Director

Date