2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# H98690

Entity Name: AMERICAN CONSTRUCTION ENTERPRISES, INC.

Current Principal Place of Business:

1232 MARKET CIRCLE
PORT CHARLOTTE, FL 339533829

New Principal Place of Business:

Current Mailing Address:

1232 MARKET CIRCLE
PORT CHARLOTTE, FL 339533829

New Mailing Address:

FEI Number: 59-2638455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELM, WALTER E.
17106 SEASHORE DRIVE
PORT CHARLOTTE, FL 33948 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: PTD ( ) Delete
Name: HELM, WALTER E., JR.
Address: 17106 SEASHORE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD ( ) Delete
Name: HELM, LINDA L
Address: 17106 SEASHORE AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD ( ) Delete
Name: ELEK, PATRICK
Address: 80 ORLANDO BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: TD ( ) Delete
Name: CUMMINS, MELISSA G
Address: 25616 AYSEN DR
City-St-Zip: PORT CHARLOTTE, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MELISSA CUMMINS TD 04/28/2009

Electronic Signature of Signing Officer or Director — Date