

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001295**

1. Entity Name  
**VANGUARD CONTRACTORS, INC.**



Principal Place of Business  
**616 NORTHVIEW  
PADUCAH, KY 42001**

Mailing Address  
**PO BOX 2850  
PADUCAH, KY 42002-2850**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-0991008</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**5. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALL., FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 GUESS, CRAIG PO BOX 2850 PADUCAH, KY 42002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHELBY, TIM 81 MCCracken ROAD GILBERTSVILLE, KY 42044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, DOUG 3975 MAYFIELD METROPOLIS ROAD PADUCAH, KY 42001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKETT, STEVE 526 GREEN OAKS LANE BENTON, KY 42025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, TODD 910 MAX COURT CLARKSVILLE, TN 37043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HITE, HELEN 321 GERALDINE DRIVE PADUCAH, KY 42003

000000004053  
01/14/04-80012-018 150.00

**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: *Doug Ford* **Doug Ford** *TREASURER* **1/6/2004** **270-442-8620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #