

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001295

Entity Name: VANGUARD CONTRACTORS, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

616 NORTHVIEW
PADUCAH, KY 42001

New Principal Place of Business:

Current Mailing Address:

PO BOX 2850
PADUCAH, KY 420022850

New Mailing Address:

FEI Number: 61-0991008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALL., FL 32301 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: GUESS, CRAIG
Address: PO BOX 2850
City-St-Zip: PADUCAH, KY 42002

Title: V () Delete
Name: SHELBY, TIM
Address: 81 MCCracken ROAD
City-St-Zip: GILBERTSVILLE, KY 42044

Title: T () Delete
Name: FORD, DOUG
Address: 3975 MAYFIELD METROPOLIS ROAD
City-St-Zip: PADUCAH, KY 42001

Title: V () Delete
Name: BECKETT, STEVE
Address: 526 GREEN OAKS LANE
City-St-Zip: BENTON, KY 42025

Title: V () Delete
Name: JONES, TODD
Address: 910 MAX COURT
City-St-Zip: CLARKSVILLE, TN 37043

Title: S () Delete
Name: HITE, HELEN
Address: 321 GERALDINE DRIVE
City-St-Zip: PADUCAH, KY 42003

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:

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 for the exemption stated in Section 119.07(3)(i), 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: DOUG FORD

T

01/10/2005

Electronic Signature of Signing Officer or Director

Date