## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # F05000005516** 1. Entity Name AMERICAN CONTRACT GROUP INC

Mar 13, 2007 08:00 AM **Secretary of State** 

FILED

Principal Place of Business

164 WESTFORD RD STE 2 TYNGSBORO, MA 01879

Mailing Address

POB 540572

WALTHAM, MA 02454



02262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3481274

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## 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 end title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIPIETRO, JOSEPH J 18 STRAWBERRY HILL ROAD CHEIMSFORD, MA 01863					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKS, EDWARD W 6 LOVIS AVENUE WAKEFIELD, MA 01880			U0000664933 03/23/07-80003-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

Edward W. Banks, Treasurer

03-08-2007

781-937-0330

D OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

Daytime Phone ≱