


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005601	
1. Entity Name AMERICAN CONTRACTORS OF GEORGIA, INC.	

Principal Place of Business 1955 MONIER BLVD LITHIA SPRINGS, GA 30132	Mailing Address 1955 MONIER BLVD LITHIA SPRINGS, GA 30132
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DO NOT WRITE IN THIS SPACE

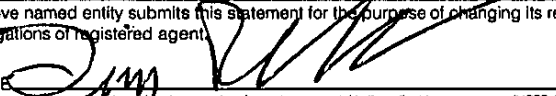


01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0583961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRECK MATE CREDIT & INFORMATION BUREAU 4411 BEE RIDGE RD #257 SARASOTA, FL 34233	DO NOT WRITE IN THIS SPACE
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☒ 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  DATE **1-22-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOUCHET, MICHAEL K 2549 SLATER MILL ROAD DOUGLASVILLE, GA 30135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REPLOGLE, TIMOTHY P 2105 LOST FOREST ALNE CONYERS, GA 30094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOUCHET, CARLA M 2549 SLATER MILL ROAD DOUGLASVILLE, GA 30135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000598492
01/24/07-80077-025-158.75

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:  DATE **1-22-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR