

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # H63279

1. Entity Name
AMERICAN CONSTRUCTION SERVICES, INC. OF TAMPA



Principal Place of Business

**719 S 50TH ST
TAMPA, FL 33619 US**

Mailing Address

**719 S 50TH ST
TAMPA, FL 33619 US**



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2549496

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALDRIDGE, CARL M JR
712 S 48TH ST
TAMPA, FL 33619**

**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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

UN00000769428

07/18/07-80006-021 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, ROBERT A. 4804 PALM RIVER ROAD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALDRIDGE, CARL M., JR. 712-A S. 48TH STREET TAMPA, FL
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**DO NOT WRITE
IN THIS SPACE**

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:

Robert A. Glover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Glover 7/9/07

Date

813-247-1419

Daytime Phone #