

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000851

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: VANGUARD CONTRACTORS, LLC

**Current Principal Place of Business:**

218 NORTH 5TH STREET  
PADUCAH, KY 42001

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2850  
PADUCAH, KY 42002

**New Mailing Address:**

FEI Number: 20-5542921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GUESS, CRAIG  
Address: 218 NORTH 5TH STREET  
City-St-Zip: PADUCAH, KY 42001

Title: MGR ( ) Delete  
Name: FORD, DOUGLAS  
Address: 218 NORTH 5TH STREET  
City-St-Zip: PADUCAH, KY 42001

Title: MGR ( ) Delete  
Name: SHELBY, TIM  
Address: 218 NORTH 5TH STREET  
City-St-Zip: PADUCAH, KY 42001

Title: MGR ( ) Delete  
Name: JONES, TODD  
Address: 218 NORTH 5TH STREET  
City-St-Zip: PADUCAH, KY 42001

Title: MGR ( ) Delete  
Name: KEEL, MICHAEL  
Address: 218 NORTH 5TH STREET  
City-St-Zip: PADUCAH, KY 42001

Title: MGR ( ) Delete  
Name: GUESS, JOEL  
Address: 218 NORTH 5TH STREET  
City-St-Zip: PADUCAH, KY 42001

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS FORD

MGR

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date