

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000095424

1. Entity Name
CITY CONTRACTORS, INC.



Principal Place of Business
**907 PANAMA COURT
SUITE 404
MARCO ISLAND, FL 34145**

Mailing Address
**907 PANAMA COURT
SUITE 404
MARCO ISLAND, FL 34145**



07182004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1141341** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ASHCRAFT, JACK D
907 PANAMA COURT
SUITE 404
MARCO ISLAND, FL 34145**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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
ASHCRAFT, JACK D
907 PANAMA COURT
MARCO ISLAND, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ASHCRAFT, SHARON M
907 PANAMA COURT
MARCO ISLAND, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000167680
07/22/04-80004-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Jack D. Ashcraft **JACK D. ASHCRAFT Dir.** 7/18/04 239-
389-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #