


**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**

**DO NOT WRITE IN THIS SPACE**



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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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  
 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
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 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 #