


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000112261 1. Entity Name NCG GENERAL CONTRACTORS, INC.	
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Principal Place of Business 907 E. BROAD ST. TAMPA, FL 33604	Mailing Address 907 E. BROAD ST. TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3759977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRIS, ROBERT E 5020 W. CYPRESS ST., STE. 200 TAMPA, FL 33607

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____


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	D PUGLISI, CARMELO E 907 E. BROAD ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLISI, NICHOLAS V 621 ONTARIO AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLISI, GUY 5077 MANOR RIDGE LN. SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLISI, NICOLE 2917 SAN ISIDRO, APT. #3 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/07-80022-001 150.00

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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:  **4/11/07** **813.310.4225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #