


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90264 011 \*\*\*158.75

<b>DOCUMENT # P02000003033</b>	
1. Entity Name <b>AMERICAN CONTRACTOR AND TECHNOLOGY INC.</b>	

Principal Place of Business <b>1101 GULF BREEZE PKWY. STE. 321 GULF BREEZE, FL 32561</b>	Mailing Address <b>1101 GULF BREEZE PKWY. STE. 321 GULF BREEZE, FL 32561</b>
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**40097790**

2. Principal Place of Business - No P.O. Box # <b>1101 Gulf Breeze Pkwy</b>	3. Mailing Address <b>1101 Gulf Breeze Pkwy</b>
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Suite, Apt. #, etc. <b>Bldg 5 Suite 19</b>	Suite, Apt. #, etc. <b>Bldg 5 Suite 19</b>
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05012008 Chg-P CR2E034 (12/06)

City & State <b>Gulf Breeze, FL</b>	City & State <b>Gulf Breeze, FL</b>
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4. FEI Number <b>03-0379754</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32561</b>	Country <b>USA</b>	Zip <b>32561</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CHANSIOR, JASON 1101 GULF BREEZE PKWY., STE. 321 GULF BREEZE, FL 32561	
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Name <b>Chanslor, Jason</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1101 Gulf Breeze Pkwy Bldg5 Suite 19</b>
City <b>Gulf Breeze</b>
State <b>FL</b>
Zip Code <b>32561</b>

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
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<b>FILE NOW!!! FREE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CHANSIOR, JASON F 1101 GULF BREEZE PKWY. STE #321 GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chanslor, Jason F. 1101 Gulf Breeze Pk Bld 5 Suite 19 Gulf Breeze, FL 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b>	<b>Jason Chanslor, Pres</b>	<b>5-1-08</b>	<b>850-932-9775</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #