

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000050648

1. Entity Name
AMERICAN CONTRACTORS EQUIPMENT, INC.



Principal Place of Business
1604 NW 38TH AVE.
OCALA, FL 34478

Mailing Address
107 NE 1ST AVE.
OCALA, FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VILLELLA, MATTHEW T
3105 SE 24TH TERRACE
OCALA, FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VILLELLA, MATTHEW T
STREET ADDRESS 3105 SE 24TH TERRACE
CITY-ST-ZIP OCALA, FL 34471

Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE D
NAME THOMAS, TIMOTHY
STREET ADDRESS 986 SE 57TH AVE
CITY-ST-ZIP OCALA, FL 34471

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 empowerments.

(352)

SIGNATURE

MATTHEW T. VILLELLA 1/14/04 351-3013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Mar 17, 2004 8:00 am
Secretary of State**

03-17-2004 90033 022 ***158.75

94030681



01122004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0685310 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent