## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P02000050648  1. Entity Name AMERICAN CONTRACTORS EQUIPMENT, INC.						04-16-2007	90044 003 ***1	58.75	
Principal Place of Bus	iness	Mailing Address			<b>-</b> -				
460 NW 52ND AVENUE OCALA, FL 34482		POST OFFICE BOX 4938 OCALA, FL 34478							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 107 NE FIRST AVE							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007	Chg-P	CR2E034 (12/0	6)	
City & State		City & State OCALA, FL.			4. FEI Number 01-0685			Applied For	
Zip	Country	Zìp	Country				□ \$8.75 ·	Not Applicable	
		34470	US		5. Certificate of		X Fee Requ		
6. N	ame and Address of Current R	tegistered Agent	Name		7. Name and A	ddress of New F	Registered Agent		
VILLELLA, MATTHEW T 3105 SE 24TH TERRACE				Street Address (P.O. Box Number is Not Acceptable) 6801 SW 12TH CT					
OCALA, FL 3447	/1			001 5	12111 01	•	<del></del>		
			City	CALA	·		FL Zip	4476	
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 by printed name of engictored agent as								
Signature,	typed or printed name of registered agent an	nd tibe it applicable. (NOTE	Regisiered Agent sign	ature required	when reinstating)	<del></del>	DATE		
FILE NOW	VIII FEE IS \$150.00 1007 Fee will be \$550.00	9. Election Campaig     Trust Fund Contr	gn Financing		.00 May Be ed to Fees		DATE		
FILE NOW After May 1, 2	VIII FEE IS \$150.00	9. Election Campain Trust Fund Contr	gn Financing ibution.	\$5. Add	.00 May Be ed to Fees	HANGES TO OFF	FICERS AND DIRECTO		
FILE NOW After May 1, 2	OFFICERS AND C	9. Election Campaig     Trust Fund Contr	gn Financing ibution.	\$5. Add	.00 May Be ed to Fees  ADDITIONS/C				
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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 order of the empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

