


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000050648</b> 1. Entity Name <b>AMERICAN CONTRACTORS EQUIPMENT, INC.</b>					
Principal Place of Business <b>460 NW 52ND AVENUE OCALA, FL 34482</b>			Mailing Address <b>107 NE FIRST AVE OCALA, FL 34470</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		10032007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>01-0685310</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VILLELLA, MATTHEW T 6801 SW 12TH CT OCALA, FL 34476</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLELLA, MATTHEW T 6801 SW 12TH CT OCALA, FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">000110941860</div> <div style="text-align: center;">10/18/07--01015--025    **61.25</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, TIMOTHY 6726 NW 54TH LOOP OCALA, FL 34482 <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	S HUGHES, HOLLY 1704 SW 29TH TER OCALA, FL 34474 <input checked="" 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	<div style="font-size: 2em; font-family: cursive;">10/11</div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRICK KILLIAN 7719 SW 102ND LOOP OCALA, FL 34476 <input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MATTHEW T. VILLELLA</b>			Date <b>10/2/07</b> (352) 369-5438 Daytime Phone #		

FILED  
07 OCT 10 PM 3:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

