



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P02000050648	
1. Entity Name AMERICAN CONTRACTORS EQUIPMENT, INC.	

Principal Place of Business 460 NW 52ND AVENUE OCALA, FL 34482	Mailing Address 107 NE FIRST AVE OCALA, FL 34470
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DO NOT WRITE IN THIS SPACE

	
02212008	No Chg-P CR2E034 (11/05)
4. FEI Number 01-0685310	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILLELLA, MATTHEW T 6801 SW 12TH CT OCALA, FL 34476

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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 reinstating) DATE _____

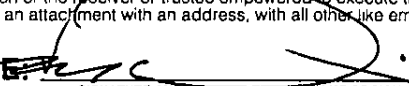
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VILLELLA, MATTHEW T 6801 SW 12TH CT OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, TIMOTHY 6726 NW 54TH LOOP OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KILLIAN, PATRICK 7719 SW 102ND LOOP OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000849702
03/21/08-80030-020 158.75

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  **MATTHEW VILLELLA** **3/04/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #