## **2008 FOR PROFIT CORPORATION** FILED **ANNUAL REPORT** Mar 28, 2008 08:00 AN Secretary of State **DOCUMENT # P03000111891** 1. Entity Name AMERICAN CONTRACTORS GROUP INC. Principal Place of Business Mailing Address 4745 NE 36 AVE 4745 NE 36 AVE **OCALA, FL 34479** OCALA, FL 34479 No Chg-P CR2E034 (11/05) 01172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1685751 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent ANSELL, VERNON R 4745 NE 36TH AVE DO NOT WRITE OCALA, FL 34479 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ANSELL, VERNON R STREET ADDRESS 4745 NE 36 AVE CITY-ST-ZIP OCALA, FL 334479 TITLE NAME U00000872583 04/10/08-80044-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08