2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000032337

1. Entity Name
ALL CONSTRUCTION TRADES, INC.

Principal Place of Business	Mailing Address
1800 WEST LOCKPORT LANE DUNNELLON, FL 34434	1800 WEST LOCKPORT LANE DUNNELLON, FL 34434

DO NOT WRITE IN THIS SPACE

40007653

01132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3241026	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, JAMES W
20280 S.W. 69 PLACE
DUNNELLON, FL 34430

DO NOT WRITE 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 _James W. Mills_   Sec./Tres.   1/19/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☑   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLS, RICHARD W
STREET ADDRESS	1655 W. ST.ELIZABETH PL.
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434

TITLE	S
NAME	MILLS, JAMES W
STREET ADDRESS	6995 S.W. 204TH AVE.
CITY-ST-ZIP	DUNNELLON, FL 34430

TITLE	V
NAME	MILLS, JERRY
STREET ADDRESS	1800 W. LOCKPORT LANE
CITY-ST-ZIP	DUNNELLON, FL 34434

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _James W. Mills_   1/19/07   (352)465-5250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #