2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2006 8:00 am Secretary of State

DOCUMENT # P99000100163 1. Entity Name AMERICAN CONTRACTORS & DEVELOPERS, INC.							07-10-2006	90029 ()11 ***55	50.00
Principal Place of Business 13710 FARIO ROAD JACKSONVILLE, FL 32246			Mailing Address PO BOX 19816 JACKSONVILLE, FL 32245					อบ	UZZ12	!7
2. Principal Place of Business 1415 Models Street			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc			07032006	Chg-P	CR2E0	34 (11/05)	
JAY R SOCO			City & State			4. FEI Numb 59-360			<u> </u>	plied For t Applicable
3330€	X	Country	Zip	Coun	try	5. Cermicate	or Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current i	tegistered Agent Name			7. Name and	Address of New R	egistered /	\gent	
ROMAN, N 1 3517 CR/ JACKSON	ASHAW R		Street Addres			(P.O. Box Number Is No: Acceptable).				
JACKSON	VILLE, FL	. 32240		/				·		
				· · · · · · · · · · · · · · · · · · ·	cliv Ja	X		FL	Zip Cod	<u> </u>
	named entiti ions of regis		the purpose of changing its	register	ed office or regist	ered agent, or bo	ith, in the State of Fic	orida. Lami	amiliar with,	and accept
SIGNATURE.	Signature types	o printad name si registerao agent a	nd title if eppticable (NOTE	Registere	d Agent signeture requir	ed when reinstating)		DATE	,	···········
		! FEE IS \$550.00 stember 6, 2006	9. Election Campai Trus; Fund Cons		T 4000 TT.	5.00 May Be ided to Fees				
10.	T 5	OFFICERS AND I		11.		ADDITIONS	CHANGES TO OFF	ICERS AND	******************	
NAME STREET ADDRESS CITY-ST-ZIP	13517 CF	MÍÖHAEL RASHAW RD NVILLE, FL. 32246	Celete		i -	•			☐ Change	Adaition A
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12. I hereby indicated of the col	certify that the control of the cont	e information supplied with ort or supplemental report is the receiver or trustee empo	this filing does not qualify for true and accurate and that n wered to execute this report	r the ex ny signa as requi	emptions containe ture shall have the red by Chapter 6	ed in Chapter 11: e same legal effe 07. Florida Statut	9, Florida Statutes. I ct as if made under es; and that my nam	further cer oath; that I a e appears i	ify that the in am an officer a Block 10 or	nformation or director Block 11 if

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