2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # V26520 04-20-2005 90324 043 ***158.75 AMERICAN CONTRACT SERVICES, INC. Principal Place of Business Mailing Address 50039408 7037 PRO-AM COURT P: 0: BOX 10020 PENSACOLA, FL 32524-0020-US-NAVARRE, FL 32566-8833 US SAME AS BUSINESS 02252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3116485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, CHARLES J DO NOT WRITE 7037 PRO-AM COURT NAVARRE, FL 32566 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD-TITLE NAME BROWN, CHARLES J STREET ADORESS 7037 PRO-AM COURT NAVARRE, FL 32566 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 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. 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. I further certify that the information indicated in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corpor

SIGNATURE:

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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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