

Waterfront Plaza  
8 Laganbank Road  
BELFAST  
BT1 3BS

Tel: 0303 1234 500

Web: [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

# 371s

## ANNUAL RETURN

Company Number: NI047774

Company Name: A.G. CONTRACTS LTD.

Company Type: O - NI PR LTD SH

Date: 15/08/09



A full list of members is enclosed



### DATE OF THIS RETURN

The information in this return should be made up to a date not later than

04/09/2009

DAY MONTH YEAR

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### DATE OF NEXT RETURN

If you wish to make up your next return to a date earlier than the anniversary of this return please show the date here. Companies Registry will then send a form at the appropriate time.

DAY MONTH YEAR

|  |  |  |
|--|--|--|
|  |  |  |
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### REGISTERED OFFICE

This is the address registered by Companies Registry  
If you wish to change this address please file form 295

34 KINNEGAR ROCKS  
DONAGHADEE  
CO DOWN  
BT19 0EZ

THURSDAY



\*J1GV38KH\*

JNI

06/09/2012

#165

COMPANIES HOUSE

LOCATION OF REGISTER OF MEMBERS  
This address must be in Northern Ireland

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LOCATION OF REGISTER OF DEBENTURE HOLDERS  
This address must be in Northern Ireland

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Appointments / Resignations and Change in Particulars  
must be notified on form 296

Please go to the forms section of our website if you require a continuation page [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

Company Secretary

|                 |                   |
|-----------------|-------------------|
| Forename        | PAULINE           |
| Surname         | GALLOWAY          |
| Address         | 34 KINNEGAR ROCKS |
| Post Town       | DONAGHADEE        |
| County / Region | CO. DOWN          |
| Post Code       | BT19 0EZ          |
| Country         | NORTHERN IRELAND  |

Appointments / Resignations and Change in Particulars  
must be notified on form 296

Current Directors

|                     |                     |
|---------------------|---------------------|
| Forename            | ANDREW              |
| Surname             | GALLOWAY            |
| Address             | 34 KINNEGAR ROCKS   |
| Post Town           | DONAGHADEE          |
| County / Region     | CO. DOWN            |
| Post Code           | BT19 0EZ            |
| Country             | NORTHERN IRELAND    |
| X Date of Birth     | 25 / 8 / 65         |
| Nationality         | BRITISH             |
| Occupation          | BUILDING CONTRACTOR |
| Other Directorships | Yes/No              |

|                     |                   |
|---------------------|-------------------|
| Forename            | PAULINE           |
| Surname             | GALLOWAY          |
| Address             | 34 KINNEGAR ROCKS |
| Post Town           | DONAGHADEE        |
| County / Region     | CO. DOWN          |
| Post Code           | BT19 0EZ          |
| Country             | NORTHERN IRELAND  |
| X Date of Birth     | 9 / 3 / 69        |
| Nationality         | BRITISH           |
| Occupation          | CARE ASSISTANT    |
| Other Directorships | Yes/No            |

Current Directors

Forename \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Town \_\_\_\_\_  
County / Region \_\_\_\_\_  
Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Nationality \_\_\_\_\_  
Occupation \_\_\_\_\_  
Other Directorships Yes/No \_\_\_\_\_

Forename \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Town \_\_\_\_\_  
County / Region \_\_\_\_\_  
Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Nationality \_\_\_\_\_  
Occupation \_\_\_\_\_  
Other Directorships Yes/No \_\_\_\_\_

Forename \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Town \_\_\_\_\_  
County / Region \_\_\_\_\_  
Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Nationality \_\_\_\_\_  
Occupation \_\_\_\_\_  
Other Directorships Yes/No \_\_\_\_\_

**SHARE CAPITAL (See Note 8)**

Enter details of all shares in issue at the date of this return.

NOMINAL CAPITAL 10,000.00

PAID UP CAPITAL 2.00

(The above details are those currently held on our records)

| CLASS  | NUMBER | AGGREGATE<br>VALUE |
|--------|--------|--------------------|
| ORD    | 2      | 2                  |
|        |        |                    |
|        |        |                    |
|        |        |                    |
| TOTALS | 2      | 2                  |

**LIST OF PAST AND PRESENT MEMBERS**

(Use attached schedule and additional sheets where appropriate) A full list is required if one was not included with either of the last two returns.

**ELECTIVE RESOLUTIONS**

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark the box.

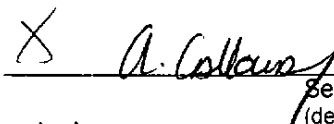
☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark the box.

☐**CERTIFICATE**

I certify that the information given in this return is true to the best of my knowledge and belief.

SIGNED

Secretary/Director  
(delete as appropriate)

DATE

3/9/12

Cheques should be made payable to the  
Companies HouseThis return includes  
Continuation sheetsTo whom should Companies Registry direct any  
enquiries about the information shown in this  
return?

Tel

Ext

# SCHEDULE TO FORM 371s

COMPANY NUMBER:  
COMPANY NAME:

## LIST OF PAST AND PRESENT MEMBERS

| <u>PLEASE NOTE</u>   | Account of Shares   |  |  |         |
|--|---|--|--|---------|
| For Returns dated on or after 1 <sup>st</sup> October 2008 shareholders addresses <b>cannot be accepted</b> . Only shareholders full names should be provided. | Number of shares or amount of stock held by existing members at date of this return | Particulars of shares transferred since date of last return, or, in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members |  |         |
|  |   |  |  |         |
| SHAREHOLDERS FULL NAME ONLY  |   |  |  | Remarks |
| MR ANDREW GALLOWAY   | 1   |  |  |         |
| MRS PAULINE GALLOWAY   | 1   |  |  |         |
|  | 1<br>2<br>=   |  |  |         |
|  |   |  |  |         |
|  |   |  |  |         |
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|  |   |  |  |         |
|  |   |  |  |         |
|  |   |  |  |         |

## SCHEDULE TO FORM 371s

### LIST OF PAST AND PRESENT MEMBERS

| <b><u>PLEASE NOTE</u></b><br><br>For Returns dated on or after 1 <sup>st</sup> October 2008 shareholders addresses <b>cannot be accepted</b> . Only shareholders full names should be provided. | Account of Shares   |  |                                  |         |
|---|---|--|----------------------------------|---------|
|   | Number of shares or amount of stock held by existing members at date of this return | Particulars of shares transferred since date of last return, or, in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members |                                  |         |
| SHAREHOLDERS FULL NAME ONLY   |   | Number   | Date of registration of transfer | Remarks |
|   |   |  |                                  |         |
|   |   |  |                                  |         |
|   |   |  |                                  |         |
|   |   |  |                                  |         |
|   |   |  |                                  |         |
|   |   |  |                                  |         |
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|   |   |  |                                  |         |
|   |   |  |                                  |         |
|   |   |  |                                  |         |
|   |   |  |                                  |         |

Appointments / Resignations and Change in Particulars  
**must** be notified on form 296

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Company Secretary

Forename \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Town \_\_\_\_\_  
County / Region \_\_\_\_\_  
Post Code \_\_\_\_\_  
Country \_\_\_\_\_

Appointments / Resignations and Change in Particulars  
**must** be notified on form 296

Current Directors

Forename \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Town \_\_\_\_\_  
County / Region \_\_\_\_\_  
Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Date of Birth     /     /  
Nationality \_\_\_\_\_  
Occupation \_\_\_\_\_  
Other Directorships Yes/No

Forename \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Post Town \_\_\_\_\_  
County / Region \_\_\_\_\_  
Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Date of Birth     /     /  
Nationality \_\_\_\_\_  
Occupation \_\_\_\_\_  
Other Directorships Yes/No