

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124435

1. Entity Name

J & L CONTRACTING GROUP, INC.



Principal Place of Business

5029 CONNER DRIVE
LAND O' LAKES, FL 34639-3475

Mailing Address

5029 CONNER DRIVE
LAND O' LAKES, FL 34639-3475



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2408423

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LA MARCH, LEO L
5029 CONNER DRIVE
LAND O' LAKES, FL 34639-3475

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

U00000481507
04/11/06-80037-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LA MARCH, LEO L
STREET ADDRESS	5029 CONNER DRIVE
CITY-ST-ZIP	LAND O' LAKES, FL 346393475
TITLE	VD
NAME	URBANO, JEAN A
STREET ADDRESS	5029 CONNER DRIVE
CITY-ST-ZIP	LAND O' LAKES, FL 346393475
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 (813)309-3354
Date Daytime Phone #