2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000067

1. Entity Name
F & M CONTRACTORS INC.

Principal Place of Business	Mailing Address
8313 NORTH KIMMEL ROAD CLAYTON, OH 45315	P.O. BOX 149 CLAYTON, OH 45315

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-0718814

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FILBRUN, RONALD J
126 BAYVIEW DRIVE
ISLAMORADA, FL 33036

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000473500
04/10/06-80007-006 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PTCD
NAME	FILBRUN, RONALD J
STREET ADDRESS	8313 NORTH KIMMEL ROAD
CITY-ST-ZIP	CLAYTON, OH 45315
TITLE	VP
NAME	FILBRUN, KEVIN G
STREET ADDRESS	8313 NORTH KIMMEL ROAD
CITY-ST-ZIP	CLAYTON, OH 45315
TITLE	S
NAME	FILBRUN, KENTON R
STREET ADDRESS	9488 DODSON PIKE
CITY-ST-ZIP	BROOKVILLE, OH 45309
TITLE	VP
NAME	FLORA, DUANE
STREET ADDRESS	8313 NORTH KIMMEL ROAD
CITY-ST-ZIP	CLAYTON, OH 45315
TITLE	VP
NAME	SINK, FRED
STREET ADDRESS	8313 NORTH KIMMEL RD.
CITY-ST-ZIP	CLAYTON, OH 45315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-10-06 937-836-8683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #