

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90095 017 ***150.00

DOCUMENT # G85475
 1. Entity Name
F & M RESIDENTIAL CONTRACTORS, INC.



Principal Place of Business: **25 N. 70TH AVENUE PENSACOLA FL 32506**
 Mailing Address: **25 N. 70TH AVENUE PENSACOLA FL 32506**



2. Principal Place of Business (No P.O. Box #): **5592 Willard Norris Rd**
 Suite, Apt. #, etc.:
 3. Mailing Address: **P.O. Box 4047**
 Suite, Apt. #, etc.:

1st MOORE CR2E034 (10/06)

City & State: **Milton, FL**
 City & State: **Milton, FL**
 Zip: **32570** County: **Santa Rosa**
 Zip: **32572** County: **Santa Rosa**

4. FEI Number: **59-2403493**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FAULK, GEORGE S
25 NORTH 70TH AVE
PENSACOLA FL 32506

7. Name and Address of New Registered Agent
 Name: **George S. Faulk**
 Street Address (P.O. Box Numbers Not Acceptable): **5721 Redwood Dr**
 City: **Milton, FL** Zip Code: **32570**

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: *George S. Faulk* DATE: **29 Jan 07**
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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FAULK, GEORGE S. 25 N 70TH AVE PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANTIJUNTI, SEAN A 5592 WILLARD NORRIS ROAD MILTON FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P George S. Faulk 5721 Redwood Dr Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George S. Faulk* DATE: **29 Jan 07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #