2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUMENT # H72391								02-23-2006 90019 038 ***150.00				
1. Entity Nam J & M SAI		NGINEERING, INC).).	***	-		-					
Principal Place	of Busines		Ma	iling Address		- William	- dnn	L				
Principal Place of Business P.O. BOX 449 PENSACOLA, FL 32592				P.O. BOX 449 PENSACOLA, FL 32592								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02152006	Chg-P	CR2E0	34 (11/05)		
City & State			1_	City & State			4. FEI Numb			No	plied For Applicable	
Zip	Country		Z	Zip		ntry	5. Certificate	e of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current I				ered Agent	7. Name and Address of New Registered Agent Name							
JOHNSON, JAMES W 4201 SOUNDSIDE DR					Street Address (P.O. Box Number is Not Acceptable)							
GULF BREEZE, FL .32563						•						
					, ř	City			FL	Zip Code	•	
		y submits this statement fi tered agent.	or the p	urpose of changing its	register	ed office or registe	red agent, or be	oth, in the State of Flo	rida. I am	familiar with,	and accept	
SIGNATURE_	Signature, typed	for printed name of registered ager	t and title if	applicable. (NOT	E: Registers	ed Agent signature require	id when reinstating)	<u> </u>	DATE			
							5.00 May Be ded to Fees				~.	
10.	OFFICERS AND DIRECTORS						ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME	beint					E AE			•	☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP	1 .	JNDSIDE DR REEZE, FL 32563			EET ADDRESS	-			,			
TITLE	VD			Delete	TITL	E				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4201 SOUNDSIDE DR					RE EET ADORESS V-ST-ZIP						
TITLE	Delete III									☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						AE LEET ADORESS Y-ST-ZIP						
TITLE				☐ Delete	TITL					☐ Change	Addition	
STREET ADDRESS. CITY-ST-ZIP	-	-				VE V-ST-ZIP			<u>.</u> .			
TITLE				☐ Delete	TITI		· 			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	!					ME BEET ADORESS Y-ST-ZIP						
TITLE				☐ Delete	TIT	1				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				۲		ME REET ADDRESS Y-ST-ZIP						
	certify that the control of the cont	ne information supplied work or supplemental report the receiver or trustee em	th this fi is true a powered	ing closs not qualify ind accourate and that ofto execute this repor			ed in Chapter 1 same legal effo 07, Florida Statu	19, Florida Statutes, I ect as if made under ites; and that my nam	further ce oath; that I e appears	rtify that the in am an officer in Block 10 c	nformation or director r Block 11 if	
12. I hereby certify that the information supplied with this filing class not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplierite report is true and acturate and that my signature shall have the same legal effect as if made under cath; 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 keyempowered. SIGNATURE: SIGNATURE												
1		SIGNATURE AND TYPED OF	RPRINTED	NAME OF SIGNING OFFICE	R OR DIRE	CTOR		Date		Daytime Phone #		