

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K50120**

1. Entity Name  
J & S CONTRACTORS, INC.



Principal Place of Business

4350 NW 19TH AVENUE  
SUITE A  
POMPANO BEACH, FL 33064 US

Mailing Address

4350 NW 19TH AVENUE  
SUITE A  
POMPANO BEACH, FL 33064 US

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0092750

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, GERALD P SR.  
4350 NW 19 AVE  
STE A  
POMPANO BEACH, FL 33064

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000808160  
02/07/08-80035-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FITZGERALD, GERALD SR.  
STREET ADDRESS 4350 NW 19TH AVENUE, STE A  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE S  
NAME FITZGERALD, GERALD JR.  
STREET ADDRESS 4350 NW 19TH AVENUE, SUITE A  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE V  
NAME FITZGERALD, PATRICIA  
STREET ADDRESS 4350 NW 19TH AVENUE, STE A  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #