

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000046726

1. Entity Name
J AND M REMODELING, LLC



Principal Place of Business
7250 HOWARD LANE
MILTON, FL 32570 US

Mailing Address
7250 HOWARD LANE
MILTON, FL 32570 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
20-1299659

Applied For	
Not Applicable	

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GILPATRICK, JOSEPH G
7250 HOWARD LANE
MILTON, FL 32570

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code

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 _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILPATRICK, JOSEPH G 7250 HOWARD LANE MILTON, FL 32570	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Joseph Gilpatrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

for 26-05 356-0975
Date _____ Daytime Phone # _____

Daytime Phone # _____

**FILED
Feb 01, 2005 8:00 am
Secretary of State**

02-01-2005 90119 025 ****50.00

20005951



01252005 Chg-LLC CR2E083 (10/03)