

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M91808

1. Entity Name
J & M CONSTRUCTION AND WRECKING, INCORPORATED



Principal Place of Business
**10750 NEW KINGS ROAD
JACKSONVILLE, FL 32219**

Mailing Address
**10750 NEW KINGS ROAD
JACKSONVILLE, FL 32219**

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2916756

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**MARTIN, BONNIE
10750 NEW KINGS RD.
JACKSONVILLE, FL 32219**

**DO NOT WRITE
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, JOE 10750 NEW KINGS RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, BONNIE 10750 NEW KINGS RD JACKSONVILLE, FL 32219
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07/11/08-80004-017 158.75

**DO NOT WRITE
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:

Bonnie Martin **Bonnie Martin Sec/Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-08

Date

904 764-8841

Daytime Phone #