

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90118 035 ***150.00

DOCUMENT # P01000041681

1. Entity Name

JM CONSTRUCTION & REMODELING, INC.



Principal Place of Business

12460 SPRING HILL DRIVE
SPRING HILL FL 34609

Mailing Address

12460 SPRING HILL DRIVE
SPRING HILL FL 34609

2. Principal Place of Business

13603 Linden Drive
Suite, Apt. #, etc.
Spring Hill, FL
City & State

3. Mailing Address

13603 Linden Dr
Suite, Apt. #, etc.
Spring Hill, FL
City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3713682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLLOUD, JOHN V
12460 SPRING HILL DRIVE
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

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

13603 Linden Drive

City

Spring Hill,

FL

Zip Code

34609

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

John McCloud

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	MCCLLOUD, JOHN V	
STREET ADDRESS	12460 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCLLOUD, MICHAEL	
STREET ADDRESS	12460 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUPERT, FRED	
STREET ADDRESS	278 SPRINGTIME ST.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13603 Linden Drive	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13603 Linden Drive	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13603 Linden Drive	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John McCloud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06 3522004719

Date

Daytime Phone #