

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90108 004 ***150.00

DOCUMENT # P01000041681

1. Entity Name

JM CONSTRUCTION & REMODELING, INC.



Principal Place of Business

13606 LINDEN DR
SPRING HILL FL 34609

Mailing Address

13606 LINDEN DR
SPRING HILL FL 34609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

13603 Linden Dr.

Suite, Apt. #, etc.

13603 Linden Dr.

City & State

City & State

Spring Hill, FL

Spring Hill, FL

Zip

Country

Zip

Country

34609

34609

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

MCCLOUD, JOHN V
13603 LINDEN DR
SPRING HILL FL 34609

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	MCCLOUD, JOHN V	
STREET ADDRESS	13606 LINDEN DR	
CITY-STATE-ZIP	SPRING HILL FL 34609	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCCLOUD, MICHAEL	
STREET ADDRESS	13606 LINDEN DR	
CITY-STATE-ZIP	SPRING HILL FL 34609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUPERT, FRED	
STREET ADDRESS	13603 LINDEN DR	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-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 Dr.	
CITY-STATE-ZIP	Spring Hill, FL 34609	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mcccloud, Ruth	
STREET ADDRESS	13603 Linden Dr.	
CITY-STATE-ZIP	Spring Hill, FL 34609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN MCCLOUD 1/31/07 352-900-4719