

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059955

1. Entity Name

J & M CUSTOM DRAPERY INSTALLATIONS, INC.



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

2640 NE 18 STREET POMPANO BEACH, FL 33062 Mailing Address

2640 NE 18 STREET POMPANO BEACH, FL 33062



DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

27-0014135

4. FEI Number

Applied For
Not Applicable

5 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, JOHN G 2640 NE 18 STREET POMPANO BEACH, FL 33062

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.

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

Signature, typed or printed name of registered agent and little if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	·	
RILE	D	• •	
NAME	FOUNTAIN, JOHN G		
STREET ADDRESS	2640 NE 18 STREET		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		
TITLE	VP	•	
NAME	FOUNTAIN, MARTHA L		
STREET ADDRESS	2640 NE 18 STREET		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		
TITLE			
NAME			
STREET ADDRESS			
CRY-ST-7IP			

U00000539198 05/09/06-80098-020 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 trigitee 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 attaching not with an address, with all other like empowered.

SIGNATURE:

John Foxuatain

4/24/2006 GF 6 73