

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000084231

1. Entity Name

J AND M VINYL, INC.



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

85 ARROYO PKWY.
ORMOND BEACH, FL 32174

Mailing Address

85 ARROYO PKWY.
ORMOND BEACH, FL 32174



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number

82-0556387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KIEFFER, MARILYN
85 ARROYO PKWY.
ORMOND BEACH, FL 32174

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000926378
05/20/08-80062-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEEL, JACK
STREET ADDRESS	85 ARROYO PKWY.
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #