


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90049 032 ***150.00

DOCUMENT # P03000099519																																																																																																																																			
1. Entity Name MJM INSTALLS, INC.																																																																																																																																			
Principal Place of Business 153 GOLF CLUB LANE VENICE, FL 34293 US			Mailing Address 153 GOLF CLUB LANE VENICE, FL 34293 US																																																																																																																																
2. Principal Place of Business - No P.O. Box # 2548 KLASSTERRACE		3. Mailing Address 2548 KLASSTERRACE																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL		4. FEI Number 04-3774922																																																																																																																															
Zip 33951		Country		Applied For Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																	
6. Name and Address of Current Registered Agent HENNEN, MARK D 153 GOLF CLUB LANE VENICE, FL 34293			7. Name and Address of New Registered Agent Name: MARK D HENNEN Street Address (P.O. Box Number is Not Acceptable): 2548 KLASSTERRACE City: PORT CHARLOTTE FL Zip Code: 33951																																																																																																																																
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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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: <u>MARK D. HENNEN</u> MARK D. HENNEN <u>4/5/08</u>																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			