

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90104 001 ***150.00

DOCUMENT # P03000134528

1. Entity Name
J.M. ALUMINIUM CONSTRUCTION, INC.



Principal Place of Business
**3040 PARK CIRCLE
HAINES CITY, FL 33844**

Mailing Address
**3040 PARK CIRCLE
HAINES CITY, FL 33844**

2. Principal Place of Business - No P.O. Box #
28904 Hwy 27
Suite, Apt. #, etc.

3. Mailing Address
28904 Hwy 27
Suite, Apt. #, etc.



04272007 Chg-P CR2E034 (12/06)

City & State
Dundee FL
Zip
33838
Country
US

City & State
Dundee FL
Zip
33838
Country
US

4. FEI Number
77-0612445
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHERIFF, JEANNE M
3040 PARK CIRCLE
HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent

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 *Jeanne Sheriff*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERIFF, JEANNE M.	
STREET ADDRESS	3040 PARK CIRCLE	
CITY - ST - ZIP	HAINES CITY, FL 33844	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHERIFF, MARK	
STREET ADDRESS	3040 PARK CIRCLE	
CITY - ST - ZIP	HAINES CITY, FL 33844	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	ROSE, ROBERT W	
STREET ADDRESS	3018 PARK CIRCLE	
CITY - ST - ZIP	HAINES CITY, FL 33844	
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 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	
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	
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 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: *Jeanne Sheriff* **Jeanne Sheriff** **4-27-07** **863-965-1161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #