

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000143294

1. Entity Name  
J & M HOME IMPROVEMENTS, OF POLK COUNTY INC.



Principal Place of Business  
5431 FUSSELL RD. E.  
POLK CITY FL 33868

Mailing Address  
5431 FUSSELL RD. E.  
POLK CITY, FL 33868



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1087561

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCLEOD, JOHN LEROY JR  
5431 FUSSELL RD. E.  
POLK CITY, FL 33868

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MCLEOD, JOHN LEROY JR  
STREET ADDRESS 5431 FUSSELL RD. E.  
CITY-ST-ZIP POLK CITY, FL 33868

1000000260092  
03/12/05-80011-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D) 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 required, 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 # \_\_\_\_\_