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Secretary of State

02-03-2005 90052 017 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003263

1. Entity Name
J & M CONSTRUCTION GENERAL CONTRACTORS, INC.

66004574

Principal Place of Business	Mailing Address
10656 CEDAR PINE DRIVE TAMPA, FL 33647 US	10656 CEDAR PINE DRIVE TAMPA, FL 33647 US

01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
12521 Pittsfield Ave		12521 Pittsfield Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FL		City & State: TAMPA FL	
Zip: 33624	Country: USA	Zip: 33624	Country: USA

4. FEI Number: 20-0608471 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

USACCOUNTING OFFICE, INC.
4815 E BUSCH BLVD
SUITE 113
TAMPA, FL 33617

7. Name and Address of New Registered Agent

Name: Belinda Michelle Spahn
Street Address (P.O. Box Number is Not Acceptable): 12521 Pittsfield Ave
City: TAMPA FL Zip Code: 33624

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: Belinda M. Spahn (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 1/24/05

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T SPAHN, JOHN E 10656 CEDAR PINE DRIVE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S SPAHN, BELINDA M 10656 CEDAR PINE DRIVE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Belinda M. Spahn (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 1/24/05 Daytime Phone #: 813 215 3569