2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91210 040 ***150.00

DOCUMENT # P04000004468

J M CONSTRUCTION & RENOVATION, INC



		•			1	14.5							
Principal Place 2949 BURRO APT. 10 ORLANDO, FI	OUGHS DR	3	Mailing Address 2949 BURROUGHS DR APT. 10 ORLANDO, FL 32818							 .			
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03242004	C	Chg-P	CR	2E034	(10/03)	
City & State			City & State				4. FEI Numb	97	725			<u> </u>	oplied Fo
Zip	p Country		Zip Con		ntry		5. Certificate					B.75 Ade	ditional
	6. Name	and Address of Current I	Registered Agent	l			7. Name and	d Addr	ess of Nev	w Register	ed Ag	ent	
MENDEZ, 2949 BURI APT. 10 ORLANDO	ROUGHS				Name Street Ac	idress (P.O. Box Numb	oer is N	ot Accepta	able)			
		ξ.					City FL Zip Code						
8. The above the obligat	ions of regist	y submits this statement for ered agent. or printed name of registered agent a	the purpose of changing its				ed agent, or bo	oth, in t	he State of	f Florida. 1		niliar with,	and acr
FIL After Ma	E NOW!!! ay 1, 2004	FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campai Trust Fund Conti	v	ncing		.00 May Be ed to Fees						
10.		OFFICERS AND	DIRECTORS	11,			ADDITIONS	/CHAN	IGES TO C	OFFICERS /	AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JUAN D RROUGHS DR. APT 10 D, FL 32818	☐ Delete								C	Change	□Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2949 BUF	D, MARCOS L RROUGHS DR APT 10 D, FL 32818	Delete		1	, <u>.</u>	_				ī	_ Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1						Ī	Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	!					[] Change	Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			· · · · · · · · · · · · · · · · · · ·					[Change	□ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 1	ì						[Change	☐ Ad

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 direct 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 changed, or on an attachment with an address. With all other like empowered.

SIGNATURE: