## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: <u>\( \)</u>

## FILED Mar 16, 2007 08:00 A Secretary of State **DOCUMENT # P04000061085** 1. Entity Name J & M ELECTRICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 9525 DENVER CT 9525 DENVER CT BOCA RATON, FL 33434 BOCA RATON, FL 33434 03092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0994095 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRICOP, MIHAIL DO NOT WRITE 9525 DENVER CT BOCA RATON, FL 33434 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 suggested required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000669250 <del>03/27/07-80063-019-150.AA</del> 10. OFFICERS AND DIRECTORS TITLE PRICOP, MIHAIL NAME STREET ADDRESS 9525 DENVER CT CITY-ST-ZIP BOCA RATON, FL 33434 VP IIILE EVANGELISTA, STEPHEN C NAME STREET ADDRESS 3287 N SAGE CIRCLE DRIVE CITY-ST-ZIP NEWCASTLE, WY 82701 TITLE NAME TOPANA, OVIDIU I STREET ADDRESS 1839 ADAMS ST DO NOT WRITE CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby cartify 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.

NAME OF SIGNING OFFICER OR DIRECTOR

03. 10. 07