2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062244

5468 DENSAW ROAD

NORTH PORT, FL 34287

Address:

City-St-Zip:

Entity Name: MJM QUALITY CONSTRUCTION, INC.

FILED Jun 08, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	GON LANE ORT, FL 3428	86 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 7293 NORTH PORT, FL 342877293 US			1324 OREGON LANE NORTH PORT, FL 34286 US		
FEI Number	: 45-0538281	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	IICHAEL J IGON LANE ORT, FL 3428	36 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (MELLO, MICH/ 1324 OREGON NORTH PORT,	I LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS (BRIGANTI, JOH 1324 OREGON NORTH PORT,	I LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X WHITTINGTON 2334 EMRICK NORTH PORT,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	C (X NELSON, RICH) Delete IARD J	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL J MELLO P 06/08/2009