

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90229 028 ***150.00

DOCUMENT # P05000130408

1. Entity Name
A & M CONSTRUCTION OF N.E. FLORIDA, INC.



Principal Place of Business
**297 N. LAKE CUNNINGHAM AVE.
JACKSONVILLE, FL 32259**

Mailing Address
**297 N. LAKE CUNNINGHAM AVE.
JACKSONVILLE, FL 32259**

00010111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-3525062

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAKAREWICZ, MICHAEL
3845 OLYMPIC LANE
JACKSONVILLE, FL 32223**

Name
MAKAREWICZ MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

297 N. LAKE CUNNINGHAM AVE.

City **JACKSONVILLE** FL Zip Code **32259**

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, 2006 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
**D
MAKAREWICZ, MICHAEL
3845 OLYMPIC LANE
JACKSONVILLE, FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P S
MAKAREWICZ, MICHAEL
297 N. LAKE CUNNINGHAM AVE
JACKSONVILLE FL 32259** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAKAREWICZ, ANGELA
3845 OLYMPIC LANE
JACKSONVILLE, FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V T
ANGELA MAKAREWICZ
297 N. LAKE CUNNINGHAM AVE
JACKSONVILLE FL 32259** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22-06 904-545-2647
Date Daytime Phone #