

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164680

FILED
Apr 29, 2006
Secretary of State

Entity Name: JKM PAINTING CONTRACTOR, INC.

Current Principal Place of Business:

255 AUBUDON AVE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

726 SE LANSDOWNE AVE
PORT ST LUCIE, FL 34983

Current Mailing Address:

255 AUBUDON AVE
PORT ST LUCIE, FL 34984

New Mailing Address:

726 SE LANSDOWNE AVE
PORT ST LUCIE, FL 34983

FEI Number: 20-4148565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGLIORE, MARLENE T
726 SE LANSDOWNE AVENUE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIGLIORE, MICHAEL J
Address: 255 AUBUDON AVENUE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP () Delete
Name: MIGLIORE, MICHAEL J
Address: 255 AUBUDON AVENUE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: SEC () Delete
Name: MIGLIORE, MICHAEL J
Address: 255 SE AUBUDON AVENUE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: TREA () Delete
Name: MIGLIORE, MICHAEL J
Address: 255 AUBUDON AVENUE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIGLIORE, MICHAEL J
Address: 726 SE LANSDOWNE AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP (X) Change () Addition
Name: MIGLIORE, MICHAEL J
Address: 726 SE LANSDOWNE AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SEC (X) Change () Addition
Name: MIGLIORE, MICHAEL J
Address: 726 SE LANSDOWNE AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: TREA (X) Change () Addition
Name: MIGLIORE, MICHAEL J
Address: 726 SE LANSDOWNE AVE
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL MIGLIORE

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date