

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL 18 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000003122					
1. Entity Name J & M METALS, INC.					
Principal Place of Business 109 GRETCHEN AVENUE LEHIGH ACRES, FL 33971 US			Mailing Address 109 GRETCHEN AVENUE LEHIGH ACRES, FL 33971 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4137006	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOUINARD, JAMES A CPA 9541 CYPRESS LAKE DRIVE SUITE 5 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P, D NAME GIACONE, JOHN STREET ADDRESS 4235 20TH PLACE C205 CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete		TITLE P, D NAME Blair, John STREET ADDRESS 4501 Orange River Loop Rd CITY-ST-ZIP Fort Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP, D NAME SPECIALE, MARIO STREET ADDRESS 17577 MOORFIELD DR. CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE VP, D NAME Speciale, Mario STREET ADDRESS 1107 mckinley Ave CITY-ST-ZIP Lehigh Acres, FL 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			(VP) Mario Speciale 6/30/07 239-878-2692		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		