

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90025 044 ***150.00

DOCUMENT # P06000009746

1. Entity Name
J&M DRYWALL & BOBCAT, INC



Principal Place of Business
**P.O. BOX 740612
ORANGE CITY, FL 32763**

Mailing Address
**570 FAIRHAVEN ST
DELTONA, FL 32725**

400-



2. Principal Place of Business - No P.O. Box #
570 Fairhaven St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 740612
Suite, Apt. #, etc.

01282008 Chg-P CR2E034 (12/06)

City & State
Deltona, FL
Zip
32725
Country
USA

City & State
Orange City, FL
Zip
32763
Country

4. FEI Number
20-4139081
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CRUZ, MANUEL
570 FAIRHAVEN ST
DELTONA, FL 32725**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CRUZ, MANUEL**
STREET ADDRESS **570 FAIRHAVEN**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **VP** ☐ Delete
NAME **CRUZ, EMANUEL D.J.**
STREET ADDRESS **570 FAIRHAVEN ST**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Cruz, Manuel**
STREET ADDRESS **570 Fairhaven**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE **President** ☒ Change ☐ Addition
NAME **Cruz, Emanuel**
STREET ADDRESS **570 Fairhaven St**
CITY-ST-ZIP **Deltona, FL 32725**

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

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

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

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

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: *Emanuel Cruz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

Daytime Phone #