

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068743

FILED
Apr 30, 2009
Secretary of State

Entity Name: M AND J COMMERCIAL SERVICES, INC

Current Principal Place of Business:

2324 GRAND AVE
SUITE #6
FORT MYERS, FL 33901

New Principal Place of Business:

2214 KATHERINE STREET
FORT MYERS, FL 33901

Current Mailing Address:

2324 GRAND AVE
SUITE # 6
FORT MYERS, FL 33901

New Mailing Address:

5100 S. CLEVELAND AVE
STE 318, PMB 215
FORT MYERS, FL 33907

FEI Number: 20-4794789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, JOMEN S
2324 GRAND AVE
SUITE #6
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BLACK, JOMEN S
2214 KATHERINE STREET
FORT MYERS, FL 33901 US

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: JOMEN BLACK

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACK, JOMEN S
Address: 8925 FOREST STREET
City-St-Zip: FORT MYERS, FL 33907

Title: SD () Delete
Name: BLACK, MEGAN
Address: 8925 FOREST STREET
City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete
Name: BURNETT, SAMUEL
Address: 7243 REYMOOR DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOMEN BLACK

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date