

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90113 010 ***150.00

DOCUMENT # P06000123594
 1. Entity Name
J.M. ALUMINUM RESIDENTIAL CONSTRUCTION INC



Principal Place of Business
**3018 PARK CIR
 HAINES CITY, FL 33844**

Mailing Address
**3018 PARK CIR
 HAINES CITY, FL 33844**

2. Principal Place of Business - No P.O. Box #
28904 Hwy 27

3. Mailing Address
28904 Hwy 27


Suite, Apt. #, etc.

City & State
Dundee FL

City & State
Dundee FL

Zip
33838 Country **US**

Zip
33838 Country **US**



04272007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5613211

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSE, ROBERT W
 3018 PARK CIR
 HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent

Name **Jeanne Sheriff**

Street Address (P.O. Box Number is Not Acceptable)
28904 Hwy 27

City **Dundee** FL Zip Code **33838**

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 *Jeanne Sheriff* (NOTE: Registered Agent signature required when reinstating)

DATE **04/27/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ROSE, ROBERT W	3018 PARK CIR	HAINES CITY, FL 33844	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SEC	Robert W. Rose	3018 Park Circle	Haines City, FL 33844	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Mark Sheriff	3040 Park Circle	Haines City, FL 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JP	Jeanne M. Sheriff	3040 Park Circle	Haines City, FL 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Jeanne Sheriff* **Jeanne M. Sheriff 4-27-07** **863-965-1161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #