

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034543

FILED
Apr 30, 2009
Secretary of State

Entity Name: M&J CONSTRUCTION AND DEVELOPERS CORP.

Current Principal Place of Business:

1110 NE PINE ISLAND RD
41
CAPE CORAL, FL 33909

New Principal Place of Business:

1922 SE 11TH AVE
CAPE CORAL, FL 33990

Current Mailing Address:

1110 NE PINE ISLAND RD
41
CAPE CORAL, FL 33909

New Mailing Address:

1922 SE 11TH AVE
CAPE CORAL, FL 33990

FEI Number: 30-0475609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, JAIME SR
1922 SE 11TH AVE
CAPE CORAL, FL 33990 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: FLORES, JAIME SR
Address: 1922 SE 11TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: FLORES, ANTONIO
Address: 1922 SE 11TH AVE
City-St-Zip: CAPE CORAL, FL 33990

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: ANTONIO FLORES

VP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date