


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90074 041 ***150.00

DOCUMENT # P97000024556					
1. Entity Name M J M CONTRACTORS, INC.					
Principal Place of Business 16310 DEW DROP LANE TAMPA, FL 33625 US			Mailing Address 16310 DEW DROP LANE TAMPA, FL 33625 US		
2. Principal Place of Business 13987 MARTINIQUE DR.		3. Mailing Address 13987 MARTINIQUE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEMINOLE FL		City & State SEMINOLE FL		4. FEI Number 59-3444719	
Zip 33776		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MICHAUD, MICHAEL J 16310 DEW DROP LANE TAMPA, FL 33625			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 13987 MARTINIQUE DR.		
City SEMINOLE FL			Zip Code 33776		
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 <i>Michael J. Michaud</i>		MICHAEL J. MICHAUD, PRES 1/27/04			
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, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME MICHAUD, MICHAEL J		TITLE P/D	NAME MICHAUD, MICHAEL J	
STREET ADDRESS 16310 DEW DROP LANE	CITY-ST-ZIP TAMPA, FL 33625		STREET ADDRESS 13987 MARTINIQUE DR.	CITY-ST-ZIP SEMINOLE FL 33776	
TITLE D	NAME BOWERS, KIRBY L		TITLE 	NAME 	
STREET ADDRESS 2401 BAY BLVD	CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BOWERS, OMAR R		TITLE 	NAME 	
STREET ADDRESS 13987 MARTINIQUE DR	CITY-ST-ZIP SEMINOLE, FL 33776		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael J. Michaud</i>		1/27/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MICHAEL J. MICHAUD, PRES			
Date		Daytime Phone #			