


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S17914 1. Entity Name J.A.M. CONTRACTING SERVICE, INC.	
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Principal Place of Business 3380 FAIRLANE FARMS RD SUITE 7 WEST PALM BEACH, FL 33414	Mailing Address 3380 FAIRLANE FARMS RD SUITE 7 WEST PALM BEACH, FL 33414
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02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0233501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ERCOLINO, JOHN 8043 BELLAFFIORE WAY BOYNTON BEACH, FL 33437
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE, Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	T DELLA PENNA, MADALEEN 304 TOWNY HOUSE VILLAGE HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELLA PENNA, PATRICK 304 TOWNY HOUSE VILLAGE HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DELLA PENNA, PAUL 1335 WOODROW WAY WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAPANELLI, ALYSSA 1 HORSHOE LANE COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DELLA PENNA, MICHAEL 17 HUNTINGTON RD. GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000253580  
03/07/05-80039-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PAUL DELLAPENNA Paul Dellapenna 3/4/05 561-333-8330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #