

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S17914**

1. Entity Name  
**J.A.M. CONTRACTING SERVICE, INC.**



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**



**DO NOT WRITE IN THIS SPACE**

02272007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0233501**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ERCOLINO, JOHN  
8043 BELLAFFIORE WAY  
BOYNTON BEACH, FL 33437**

**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 \_\_\_\_\_

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, 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  
**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

U00000654886  
03/13/07-80082-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/07 561-377-8225**