


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # S84567 1. Entity Name JCM PLUMBING, INC.	
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Principal Place of Business 456 N.W. 35TH STREET BOCA RATON, FL 33431	Mailing Address 456 N.W. 35TH STREET BOCA RATON, FL 33431
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0285983	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCOLGAN, CATHY A. 456 N.W. 35TH STREET BOCA RATON, FL 33431

**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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000428839
02/21/06-80085-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCCOLGAN, CATHY A. 456 NW 35TH ST. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCOLGAN, JEROME K. 456 NW 35TH ST. BOCA RATON, FL
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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: Cathy McCogan **VICE PRES.** CATHY A MCCOGAN 2/10/06 561 391-6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #