


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90306 018 \*\*\*150.00

**DOCUMENT # P0000094172**

1. Entity Name  
**A & M PAINTING CONTRACTORS, INC.**



Principal Place of Business  
**97 REEDING RIDGE DR E JACKSONVILLE, FL 32225**

Mailing Address  
**97 REEDING RIDGE DR E JACKSONVILLE, FL 32225**



2. Principal Place of Business  
**17255 RIVER ISLE CIRCLE**

3. Mailing Address  
**17255 River Isle Cir**

Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

Zip  
**32226**

Country  
**USA**

4. FEI Number  
**59-3675050**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

**MENDIOLA, MICHAEL L**  
**97 REEDING RIDGE DR E**  
**JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent

Name  
**Mendiola, Michael L.**

Street Address (P.O. Box Number is Not Acceptable)  
**17255 River Isle Circle**

City  
**Jacksonville**

State  
**FL**

Zip Code  
**32226**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	P	<input type="checkbox"/> Delete
NAME	<b>MENDIOLA, MICHAEL</b>	
STREET ADDRESS	<b>97 REEDING RIDGE DR E</b>	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32225</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>MENDIOLA, ALLISON M</b>	
STREET ADDRESS	<b>97 REEDING RIDGE DRIVE EAST</b>	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32225</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>17255 RIVER ISLE CIRCLE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32226</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>17255 River Isle Circle</b>	
CITY - ST - ZIP	<b>Jacksonville, FL 32226</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Michael Mendiola* **4/27/05** **904-696-9016**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #