


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90509 010 \*\*\*150.00

**DOCUMENT # P03000145894**

1. Entity Name  
**JDM FLOORING, INC.**



Principal Place of Business      Mailing Address

**3131 N.W. 13TH STREET  
 SUITE 8  
 GAINESVILLE FL 32609**      **3131 N.W. 13TH STREET  
 SUITE 8  
 GAINESVILLE FL 32609**

00460646



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**2800 N.W. 74th Pl**      **2800 N.W. 74th Pl**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Bay C**      **Bay C**

City & State      City & State

**Gainesville FL**      **Gainesville FL**

Zip      Country      Zip      Country

**32653**      **Alachua**      **32653**      **Alachua**

4. FEI Number      Applied For

**54-2134846**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MARRIOTT, JODY  
 3131 N.W. 13TH STREET  
 SUITE 8  
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City      **FL**      Zip Code \_\_\_\_\_

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: *Jody Marriott*      DATE: 4/23/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARRIOTT, JODY</b>	
STREET ADDRESS	<b>3131 N.W. 13TH STREET SUITE 8</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARRIOTT, DOUG</b>	
STREET ADDRESS	<b>3131 N.W. 13TH STREET SUITE 8</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32609</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 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		
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: *Jody Marriott*      DATE: 4/23/04      DAYTIME PHONE #: 352-373-1405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR