


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000145894
 1. Entity Name
JDM FLOORING, INC.



Principal Place of Business: **2800 NW 74TH PLACE, BAY C GAINESVILLE FL 32653**
 Mailing Address: **2800 NW 74TH PLACE, BAY C GAINESVILLE FL 32653**



2. Principal Place of Business: *None*
 Suite, Apt. #, etc.: *None*
 City & State: *None*

3. Mailing Address: *None*
 Suite, Apt. #, etc.: *None*
 City & State: *None*

1st MOORE CR2E034 (10/05)

4. FEI Number: **54-2134846**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent:
MARRIOTT, JODY
2800 NW 74TH PLACE
BAY C
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent:
 Name: *None*
 Street Address (P.O. Box Number is Not Acceptable): *None*
 City: *sa* **FL** Zip Code: *sa*

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: **4/26/06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Delete	D	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: MARRIOTT, JODY		NAME: U00000550703	
STREET ADDRESS: 2800 NW 74TH PLACE, BAY C		STREET ADDRESS: 05/13/06-80070-025	
CITY-ST-ZIP: GAINESVILLE FL 32653		CITY-ST-ZIP: 150.00	
TITLE: <input type="checkbox"/> Delete	D	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: MARRIOTT, DOUG		NAME:	
STREET ADDRESS: 2800 NW 74TH PLACE, BAY C		STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE FL 32653		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jody Marriott* DATE: **4/26/06** DAYTIME PHONE #: **352-373-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR