


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000027996
 1. Entity Name
JOHN CARDIN FLOORING SPECIALISTS, INC.



Principal Place of Business Mailing Address
4205-C METZGER ROAD **PO BOX 3486**
FORT PIERCE, FL 34947 **PORT ST. LUCIE, FL 34984**



05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0743897 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CARDIN, JOHN
4205-C METZGER ROAD
FORT PIERCE, FL 34947

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 _____ DATE _____
Signature, typed or printed name of registered agent and the 1 applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDIN, JOHN PO BOX 3486 FORT PIERCE, FL 34948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDIN, CHRISTOPHER PO BOX 3486 FORT PIERCE, FL 34948
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 05/20/06-80114-014 150.00

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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: John M. Cardin **JOHN M. CARDIN** 5/12/06 772 4668453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #