


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

|                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F04000003725</b><br>1. Entity Name<br>J.B. FLOORING OF FLORIDA, INC. |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                      |                                                                 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>17745 ASHLEY DR STE. A<br>PANAMA CITY BEACH, FL 32413 | Mailing Address<br>4318 BROGDON PLACE COVE<br>SUWANEE, GA 30024 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br>76-0714822                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

WALDNER, RICHARD  
17745 ASHLEY DR STE. A  
PANAMA CITY BEACH, FL 32413

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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 reinstating) DATE \_\_\_\_\_

|                                                                  |                                                                                                                           |                                            |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U000000771142<br>08/01/07-80007-001 550.00 |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                    |                                                                            |
|----------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEO<br>STEPHENS, DAVID<br>4318 BROGDON PLACE COVE<br>SUWANEE, GA 300243950 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>FOWLER, EDWARD D<br>4318 BROGDON PLACE COVE<br>SUWANEE, GA 300243950  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>SPEED, SHARON<br>4318 BROGDON PLACE COVE<br>SUWANEE, GA 300243950    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            |

**DO NOT WRITE  
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: Sharon Speed - Sharon Speed 7/31/07 678-714-8074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #