## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # F0400003725  1. Entity Name J.B. FLOORING OF FLORIDA, INC.						01-11-2008	90067 009 ***150	0.00
Principal Place	Mailing Address		<u> </u>	<b>†</b>				
17745 ASHLEY DR STE. A Panama City Beach, Fl. 32413		4318 BROGDON PLACE COVE Suwanee, GA 30024				SIM SIBIL SBIIL BRIIL BRII	IE BBII <b>I BRIBB I</b> III I <b>BBIB</b> (1887 BII	† <b>3 8</b> 1        <b>       </b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number 76-0714		<b>├</b>	plied For t Applicable
Zip	Country	Zip	Country			f Status Desired	S8.75 Add Fee Required	itional 1
	6. Name and Address of Current	Registered Agent		Name/	7. Name and /	Address of New R	egistered Agent	<u>-</u>
WALDNER, RICHARD			7/4nn MOKRIS					
17745 ASHLEY DR STE. A			Street Address (P.O. Box Number is Not Acceptable)					
PANAMA CITY BEACH, FL 32413			<u> </u>	Spoo	ry na	<i>ne</i> _		
			City	Pro D	20 ch	FL Zip Code	- /C	
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 ac							245 7	
the obligat	ions of registered agent.	. Vio per process or or origing ne	. +9.5.5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE COUNTERLY SIGNATURE								
010/11/10/102	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont		· — •	5.00 May Be ded to Fees			
10.	OFFICERS AND		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTORS	
TITLE	CEO STEPHENS, DAVID	☐ Delete TITI					☐ Change	☐ Addition
STREET ADORESS				EET ADDRESS				
CITY-ST-ZIP			CITY	'-ST-ZIP				
TITLE			tπι				☐ Change	☐ Addition
NAME STREET ADORESS			NAM	eet address				
CITY-ST-ZIP	•			r-ST-ZIP				
TITLE	VP	□ Delete	TITL	E		···	☐ Change	Addition
NAME	SPEED, SHARON		NAM					
STREET ADDRESS	4318 BROGDON PLACE COVE SUWANEE, GA 300243950			EET ADDRESS (-ST-ZIP				
ļ <u>-</u>	SUWANEE, GA 300243950	☐ Delete	TITL				☐ Change	Addition
TITLE NAME			NAN				onenge	
STREET ADDRESS	s ST		CYD	EET ADDRESS				
CITY-ST-ZIP	1			į.				
<del></del>			CIT	r-ST-ZIP				
TITLE		☐ Delete	CITY	r-ST-ZIP .E			☐ Change	☐ Addition
		☐ Delete	CITY TITY NAM	r-ST-ZIP .E			☐ Change	☐ Addition
TITLE NAME		☐ Delete	CITY TITL NAA STR	Y-ST-ZIP .E AE			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CITY TITY NAM STR CITY	r-ST-ZIP  .E AE EET ADDRESS Y-ST-ZIP .E			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY NAM STR CITY TITY NAM	Y-ST-ZIP AE EET ADDRESS Y-ST-ZIP EE				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY NAM STR CITY TITE NAM STR	r-ST-ZIP  .E AE EET ADDRESS Y-ST-ZIP .E				_

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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:

SHAWL ASUS — V. P.,
SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08 678-714-8074