

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63132

FILED
Jan 06, 2006
Secretary of State

Entity Name: MCDONALD FLOOR COVERINGS, INC.

Current Principal Place of Business:

% MICHAEL MCDONALD
1975 MISSLEVIEW AVENUE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

% MICHAEL MCDONALD
1975 MISSLEVIEW AVENUE
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-2793073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, MICHAEL
1975 MISSLEVIEW AVENUE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONALD, MICHAEL,
Address: 1975 MISSLEVIEW AVENUE
City-St-Zip: MERRITT ISLAND, FL

Title: V () Delete
Name: MCDONALD, R SUSAN
Address: 1975 MISSILEVIEW AVE
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. SUSAN MCDONALD

VP

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date