

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042447

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: NEW MILLENNIUM FLOOR INSTALLATION, INC.

## Current Principal Place of Business:

14550 HARD TIMES LANE  
JACKSONVILLE, FL 322342813 US

## New Principal Place of Business:

14550 HARD TIMES LANE  
NONE  
JACKSONVILLE, FL 322342813 US

## Current Mailing Address:

14550 HARD TIMES LANE  
JACKSONVILLE, FL 322342813 US

## New Mailing Address:

14550 HARD TIMES LANE  
NONE  
JACKSONVILLE, FL 322342813 US

FEI Number: 59-3641026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROBST, DAVID W SR.  
14550 HARD TIMES LANE  
JACKSONVILLE, FL 322342813 US

## Name and Address of New Registered Agent:

BROBST, DAVID W SR.  
14550 HARD TIMES LANE  
NONE  
JACKSONVILLE, FL 322342813 US

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: DAVID W. BROBST, SR.

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: BROBST, DAVID W SR.  
Address: 14550 HARD TIMES LANE  
City-St-Zip: JACKSONVILLE, FL 322342813 US

Title: DS ( ) Delete  
Name: BLAIR, THOMAS A  
Address: 54025 JEANNIE ROAD, P.O. BOX 1670  
City-St-Zip: CALLAHAN, FL 320111670 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP ( ) Change (X) Addition  
Name: GEORGE, MANDY R  
Address: 2631 BEAVERBROOK PLACE  
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: NONE ( ) Change (X) Addition  
Name: NONE, NONE  
Address: P O BOX 1670 449672 US HWY 301  
City-St-Zip: CALLAHAN, FL 320111670 US

Title: NONE ( ) Change (X) Addition  
Name: NONE, NONE  
Address: P O BOX 1670 449672 US HWY 301  
City-St-Zip: CALLAHAN, FL 32011-167 US

Title: NONE ( ) Change (X) Addition  
Name: NONE, NONE  
Address: P O BOX 1670 449672 US HWY 301  
City-St-Zip: CALLAHAN, FL 320111670 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID W. BROBST, SR

DPT

04/25/2007

Electronic Signature of Signing Officer or Director

Date