


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000087016 1. Entity Name ACTION COMMERCIAL FLOORING, INC.	
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Principal Place of Business 11314 DISTRIBUTION AVE. EAST UNIT 4 JACKSONVILLE, FL 32256	Mailing Address 11314 DISTRIBUTION AVE. EAST UNIT 4 JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3673429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

ALTENBAUGH, M. VERNE  
 3725 SAN VISCAYA DR.  
 JACKSONVILLE, FL 32217

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTENBAUGH, M. VERNE 3725 SAN VISCAYA DR. JACKSONVILLE, FL 32217
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U00000599348  
 01/25/07-80023-017 150.00

**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 information.

SIGNATURE: M. Verne A. Altenbaugh 1/22/07 904-288-0588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #