

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063075

FILED
Apr 20, 2006
Secretary of State

Entity Name: DOUGLAS HOOVER FLOORS, INC.

Current Principal Place of Business:

514 SIXTEENTH AVENUE, NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

FEI Number: 59-3730380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOVER, DOUGLAS ANDREW
514 SIXTEENTH AVENUE, NORTH
JACKSONVILLE BEACH, FL 32250 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: PTD () Delete
Name: HOOVER, DOUGLAS ANDREW
Address: 514 SIXTEENTH AVENUE, NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VSD () Delete
Name: HOOVER, GLORIA JEAN
Address: 514 SIXTEENTH AVENUE, NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: DOUGLAS HOOVER

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date