
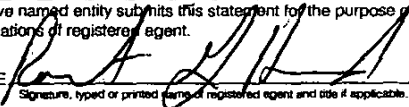



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90096 004 \*\*\*158.75

|  |                         |  |  |   |  |
|--|-------------------------|--|--|---|--|
| <b>DOCUMENT # P02000016889</b>   |                         |  |  |  |  |
| 1. Entity Name<br><b>4 J FLOORING CORP.</b>  |                         |  |  |   |  |
| Principal Place of Business<br><b>18420 LIVINGSTON AVE<br/>LUTZ, FL 33559</b>  |                         |  | Mailing Address<br><b>18420 LIVINGSTON AVE<br/>LUTZ, FL 33559</b>  |   |  |
| 2. Principal Place of Business   |                         |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |                         |  | Suite, Apt. #, etc.  |   |  |
| City & State   |                         |  | City & State   |   |  |
| Zip  | Country                 | Zip  | Country  | 4. FEI Number<br><b>59-3761493</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                         |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>HOWARD, MARC D<br/>18420 LIVINGSTON AVE<br/>LUTZ, FL 33559</b>   |                         |  | 7. Name and Address of New Registered Agent<br>Name <b>Robert G. Howard</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18420 Livingston Avenue</b><br>City <b>Lutz</b> FL Zip Code <b>33559</b> |   |  |
| 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.<br>SIGNATURE  <b>President</b> DATE <b>2/6/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                         |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE  | P                       | <input checked="" type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | HOWARD, MARC D          |  | NAME   |   |  |
| STREET ADDRESS   | 18420 LIVINGSTON AVENUE |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | LUTZ, FL 33559          |  | CITY-ST-ZIP  |   |  |
| TITLE  | VP                      | <input type="checkbox"/> Delete  | TITLE  | <b>President</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HOWARD, ROBERT G        |  | NAME   | <b>Robert G. Howard</b>   |  |
| STREET ADDRESS   | 18420 LIVINGSTON AVENUE |  | STREET ADDRESS   | <b>18420 Livingston Avenue</b>  |  |
| CITY-ST-ZIP  | LUTZ, FL-33559          |  | CITY-ST-ZIP  | <b>Lutz, FL 33559</b>   |  |
| TITLE  | ST                      | <input checked="" type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | HOWARD, JACQUELINE      |  | NAME   |   |  |
| STREET ADDRESS   | 18420 LIVINGSTON AVENUE |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | LUTZ, FL 33559          |  | CITY-ST-ZIP  |   |  |
| TITLE  |                         | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME   |   |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP  |   |  |
| TITLE  |                         | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME   |   |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP  |   |  |
| 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 empowered. |                         |  |  |   |  |
| SIGNATURE:    |                         | Robert G. Howard 2/6/06 813-909-0347   |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                         | <small>Date Daytime Phone #</small>  |  |   |  |