

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000019279

1. Entity Name
J & T FLOOR COVERING, INC.



FILED

07 AUG 13 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07302007 Chg-P CR2E034 (12/06)

4. FEI Number
01-0601696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, JAMES
401 MISTLE TOE
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME WEAVER, JAMES
STREET ADDRESS 401 MISTLE TEN
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE VP
NAME WEAVER, TERRY
STREET ADDRESS 401 MISTLE TEN
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE T
NAME BOWMAN, SHAD
STREET ADDRESS 497 CEDAR LANE
CITY-ST-ZIP MONTICELLO, FL 32344 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME T JAMES WEAVER
STREET ADDRESS 401 MISTLE MONTICELLO
CITY-ST-ZIP 32344 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: JAMES WEAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-2007

Date Daytime Phone #