



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90212 016 \*\*\*150.00

<b>DOCUMENT # P03000053621</b> 1. Entity Name <b>J.H. FLOORING CORP</b>					
Principal Place of Business <b>14701 EGRET PLACE TAMPA, FL 33625</b>			Mailing Address <b>14701 EGRET PLACE TAMPA, FL 33625</b>		
2. Principal Place of Business <b>14701 Egret Pl.</b> Suite, Apt. #, etc. <b>P/A</b>		3. Mailing Address <b>14701 Egret Pl.</b> Suite, Apt. #, etc. <b>Tampa FL.</b>			
City & State <b>Tampa, FL.</b>		City & State <b>Tampa FL.</b>		04182006 Chg-P CR2E034 (11/05)	
Zip <b>33625</b>		Country <b>USA.</b>		4. FEI Number <b>56-2356487</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, JULIO C 14701 EGRET PLACE TAMPA, FL 33625</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>P/A</b> City <b>FL</b> Zip Code		
8. The above name is the name of the corporation 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  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) / DATE / _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HERNANDEZ, JULIO C</b> <b>14701 EGRET PLACE</b> <b>TAMPA, FL 33625</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/A</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/A</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/A</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/A</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/A</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/A</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <b>04/24/06 (83) 917-6458</b> <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					