

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000124515

1. Entity Name  
FLOORS BY MIKE UNLIMITED INC.



**FILED  
Apr 07, 2006 8:00 am  
Secretary of State**

04-07-2006 90022 003 \*\*\*150.00

40045364



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0374156	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SMITH, JAMES M  
20314 MONTGOMERY ROAD  
CLERMONT, FL 34711

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SMITH, JAMES M  
STREET ADDRESS 20314 MONTGOMERY ROAD  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VP  
NAME SMITH, WAYNE M  
STREET ADDRESS 20314 MONTGOMERY ROAD  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE TR  
NAME SMITH, JASON L  
STREET ADDRESS 20314 MONTGOMERY ROAD  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #