

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2008 08:00 A
Secretary of State**

DOCUMENT # P03000129424

1. Entity Name
JIMMY MARSH FLOORING, INC.



Principal Place of Business
2430 LONGWOOD STREET
ORANGE PARK, FL 32065 US

Mailing Address
2430 LONGWOOD STREET
ORANGE PARK, FL 32065 US



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0367284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONNER, STEVEN W
1106 PARK AVENUE
ORANGE PARK, FL 32073

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000303111
05/06/08-80060-002 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARSH, JIMMY
STREET ADDRESS 2430 LONGWOOD STREET
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE VP
NAME MARSH, JIMMY
STREET ADDRESS 2430 LONGWOOD STREET
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE SEC
NAME MARSH, SHARON
STREET ADDRESS 2430 LONGWOOD STREET
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE TRE
NAME MARSH, SHARON
STREET ADDRESS 2430 LONGWOOD STREET
CITY-ST-ZIP ORANGE PARK, FL 32065

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:

Sharon M Marsh Sharon M Marsh

4-17-08

904-276-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #