

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90406 044 \*\*\*150.00

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01102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000134297</b> 1. Entity Name J. JOHNSON FLOORING, INC.			
Principal Place of Business 6626 OLD ORCHARD AVE SEBRING, FL 33876		Mailing Address 6626 OLD ORCHARD AVE SEBRING, FL 33876	
2. Principal Place of Business 8616 Castile Road		3. Mailing Address 8616 Castile Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebring FL 33876		City & State Sebring FL	
Zip 33876		Zip 33876	
Country Highlands		Country Highlands	
4. FEI Number 30-0212641		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JOHNSON, JAMES 320 DOVE AVE SEBRING, FL 33872		7. Name and Address of New Registered Agent Name: SAME - James Johnson Street Address (P.O. Box Number is Not Acceptable): 8616 Castile Road City: Sebring FL Zip Code: 33876	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: D NAME: JOHNSON, JAMES STREET ADDRESS: 6626 OLD ORCHARD AVE CITY-ST-ZIP: SEBRING, FL 33876	<input type="checkbox"/> Delete	TITLE: D NAME: Johnson James STREET ADDRESS: 8616 Castile Road CITY-ST-ZIP: Sebring FL 33876	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RIVERA, JR, RAFAEL STREET ADDRESS: 6626 OLD ORCHARD AVE CITY-ST-ZIP: SEBRING, FL 33876	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: QUINTANA, PEDRO STREET ADDRESS: 4717 STAR AVENUE CITY-ST-ZIP: SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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 reports 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: <u>James Johnson</u> Date: <u>4/14/06</u> Daytime Phone #: <u>(863) 381-8442</u>			