


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000144122</b> 1. Entity Name <b>CHARLES MARQUIS FLOORING INSTALLATION OF DUNNELLO, INC.</b>	
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Principal Place of Business <b>8460 SW 209 COURT DUNNELLO, FL 33431</b>	Mailing Address <b>8460 SW 209 COURT DUNNELLO, FL 33431</b>
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**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0508408</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARQUIS, CHARLES A  
8460 SW 209 COURT  
DUNNELLO, FL 33431**

**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 re-registering) 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</b> May Be Added to Fees	<b>1100000408771</b> <b>02/08/06-80074-006 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUIS, CHARLES A 8460 SW 209 COURT DUNNELLO, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUIS, LYNN H 8460 SW 209 COURT DUNNELLO, FL 33431
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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: *Charles Marquis* **12/29/06** **(352)-465-2890**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #