2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 09, 2008 08:00 AN Secretary of State DOCUMENT # P03000145894 JDM FLOORING, INC. Principal Place of Business Mailing Address 2800 NW 74TH PLACE, BAY C GAINESVILLE FL 32653 2800 NW 74TH PLACE, BAY C GAINESVILLE FL 32653 2. Principal Place of Business - No P.O. Box # 3. Mailing Addrass Some as about Same as above Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEt Number Applied For 54-2134846 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRIOTT, JODY 2800 NW 74TH PLACE Street Address (P.O. Box Number is Not Acceptable) **BAY C** GAINESVILLE FL 32653 Zipi Code 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. fNOTE. Registered Ager Largenham required when reinstating FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Derete TITLE ☐ Change ■ Addition NAME MARRIOTT, JODY NAME STREET ADDRESS 2800 NW 74TH PLACE, BAY C STREET ADDRESS C11Y - S1-7IP **GAINESVILLE FL 32653** CITY-ST-ZIP TITLE Delete ☐ Change Addition MARRIOTT, DOUG NAME NAME STREET ADDRESS 2800 NW 74TH PLACE, BAY C STREET ADDRESS GAINESVILLE FL 32653 CITY-ST-7IP CITY ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P mar Da ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-219 OTY-SI-ZIP ☐ Delete ☐ Charige ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information subplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: