

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90135 040 ***150.00

DOCUMENT # P03000146724

1. Entity Name
J.A.T. FLOORING, INC.



Principal Place of Business
**216 ORCHARD STREET
PORT ORANGE, FL 32127**

Mailing Address
**216 ORCHARD STREET
PORT ORANGE, FL 32127**

2. Principal Place of Business - No P.O. Box #
5083 ORANGE AVE
Suite, Apt. #, etc.

3. Mailing Address
5083 ORANGE AVE
Suite, Apt. #, etc.

City & State
PORT ORANGE, FLORIDA
Zip
32127
Country
USA

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PORT ORANGE, FLORIDA
Zip
32127
Country
USA

04172008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0458280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYNOR, JOSEPH A II
216 ORCHARD STREET
PORT ORANGE, FL 32127**

7. Name and Address of New Registered Agent

Name
JOSEPH A TAYNOR II
Street Address (P.O. Box Number is Not Acceptable)
5083 ORANGE AVE
City
PORT ORANGE FL Zip Code
32127

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 restatesting)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P TAYNOR, JOSEPH A II 216 ORCHARD STREET PORT ORANGE, FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.1

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P TAYNOR, JOSEPH A II 5083 ORANGE AVE PORT ORANGE, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JOSEPH A TAYNOR II *Joseph A Taynor II* 4-23-08 (386) 295-2736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #