

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09082005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000020258</b> 1. Entity Name <b>J &amp; A FLOORING, INC.</b>			
Principal Place of Business <b>7200 PINNACLE DRIVE UNIT K-4 FORT MYERS, FL 33907 US</b>		Mailing Address <b>7200 PINNACLE DRIVE UNIT K-4 FORT MYERS, FL 33907 US</b>	
2. Principal Place of Business <b>1735 Brantley RD Suite, Apt. #, etc. APT # 801 City &amp; State Ft. Myers FL Zip 33907 Country U.S.</b>		3. Mailing Address <b>1735 Brantley RD Suite, Apt. #, etc. APT # 801 City &amp; State Ft. Myers FL Zip 33907 Country U.S.</b>	
4. FEI Number <b>75-3145650</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>RANDOLPH, MICHAEL D ESQ. 1619 JACKSON STREET FORT MYERS, FL 33901</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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. SIGNATURE <u>Remains the same</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PUPO, JORGE A</b> <b>7200 PINNACLE DRIVE, UNIT K-4</b> <b>FORT MYERS, FL 33901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SANCHEZ, ALBERTO</b> <b>7200 PINNACLE DRIVE, UNIT K-4</b> <b>FORT MYERS, FL, FL 33907</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jorge Pupo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9/7/05</u> Daytime Phone # <u>239-333-9098</u>	