

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000027996**

1. Entity Name  
**JOHN CARDIN FLOORING SPECIALISTS, INC.**



Principal Place of Business  
**4205-C METZGER ROAD  
FORT PIERCE, FL 34947**

Mailing Address  
**PO BOX 3486  
PORT ST. LUCIE, FL 34984**



05102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0743897**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARDIN, JOHN  
4205-C METZGER ROAD  
FORT PIERCE, FL 34947**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the 1 applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CARDIN, JOHN
STREET ADDRESS	PO BOX 3486
CITY-ST-ZIP	FORT PIERCE, FL 34948
TITLE	S
NAME	CARDIN, CHRISTOPHER
STREET ADDRESS	PO BOX 3486
CITY-ST-ZIP	FORT PIERCE, FL 34948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000565152  
05/20/06-80114-014 150.00

**DO NOT WRITE  
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: John M. Cardin **JOHN M. CARDIN** 5/12/06 772 4668453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #