

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 034 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000073991

1. Entity Name

NOCATEE WOOD FLOORING, INC.



Principal Place of Business

11323-4 PHILIPS PKWY. EAST
JACKSONVILLE, FL 32256

Mailing Address

11323-4 PHILIPS PKWY. EAST
JACKSONVILLE, FL 32256

2. Principal Place of Business

3491 Pail Mall Drive

Suite, Apt. #, etc.

#105

City & State

Jacksonville, Florida

Zip

32257

Country

DUAL

3. Mailing Address

3491 Pail Mall Drive

Suite, Apt. #, etc.

#105

City & State

Jacksonville, Florida

Zip

32257

Country

DUAL

04262006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1093365

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRARD, JAY
6828 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Chad Shultz, CPA (904) 928-0500

1309 St. Johns Bluff Rd. N.

#104

City JACKSONVILLE

FL 32225

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 Andrew C. Verhovec SR. Vice President

April 27, 2006

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME VERHOVEC, ANDREW A
STREET ADDRESS 1136 RAVENCROFT LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

☐ Delete

TITLE V
NAME VERHOVEC, ANDREW A SR.
STREET ADDRESS 1136 RAVENCROFT LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

☐ Delete

TITLE D
NAME HOLLAND, ADEL TRAM J
STREET ADDRESS 1136 RAVENCROFT LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Andrew C. Verhovec - Vice President

April 27, 2006

(904) 880-3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

During Filing