


**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90146 017 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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<b>DOCUMENT # P05000000158</b>					
1. Entity Name J M FLOOR INSTALLATIONS, INC.					
Principal Place of Business 2625 13 PLACE VERO BEACH, FL 32960			Mailing Address 2625 13 PLACE VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2017701	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent MASHBURN, MARYANN S 2625 13 AVENUE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when remaining)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASHBURN, JAMES		NAME		
STREET ADDRESS	2625 13 PLACE		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH, FL 32960		CITY- ST- ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASHBURN, MARYANN S		NAME		
STREET ADDRESS	2625 13 PLACE		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH, FL 32960		CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u>JAMES MASHBURN</u>			Date: <u>4-10-06</u> 772-794-0960		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

66017622



01182006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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NAME	MASHBURN, MARYANN S		NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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SIGNATURE: JAMES MASHBURN Date: 4-10-06 772-794-0960

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #