

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017022

Entity Name: JOMAR FLOOR CARE, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2010 OVERLOOK DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

2010 OVERLOOK DR.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 20-2267194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRINSON, J. KEMP
255 MAGNOLIA AVE., SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

STRAUGHN & TURNER, P.A.
255 MAGNOLIA AVE., SW
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: RICHARD STRAUGHN

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: ROBERTS, JOHN
Address: 2010 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: PSD () Delete
Name: ROBERTS, MARIE
Address: 2010 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P ROBERTS JR

VTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date