


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90042 001 \*\*\*150.00

<b>DOCUMENT # P05000071339</b>	
1. Entity Name <b>MAYFLOWER FLOORING INSTALLATIONS, INC.</b>	

Principal Place of Business <b>5891 NW 14TH CT SUNRISE FL 33351</b>	Mailing Address <b>5891 NW 14TH CT SUNRISE FL 33351</b>
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2. Principal Place of Business <b>5891 NW 14th Ct.</b>	3. Mailing Address <b>5891 NW 14th Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>Sunrise, FL</b>	City & State <b>Sunrise, FL</b>
Zip <b>33313</b>	Zip <b>33313</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-2890615</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HORN, TIMOTHY D 5891 NW 14TH CT SUNRISE FL 33351</b>	
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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	(NOTE: Registered Agent signature required when re-registering)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HORN, TIMOTHY 5891 NW 14TH CT SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, TIMOTHY 5891 NW 14TH CT SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 exemptions contained in Section 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.

<b>SIGNATURE:</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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ATTACHMENT

40092150

Dept. of State, P05000071339

I am writing this letter in regards to the late fee that is required. This is my first year in Florida and I never have been incorporated. The form you sent was unclear to me so I wasn't even sure if I was suppose to send a check at all. When I called your number I was put on hold and was disconnected several times so my questions were never answered. It was in my best wishes to mail this form on time and I apologize for not being able to get it in on time. I barely make any profit with my company and every penny I make helps. If you could wave this fee I would deeply appreciate it.

Thank You  
Pres. Timothy Horn  
May Flower Flooring Installations