

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 015 \*\*\*150.00

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01212006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000086704

1. Entity Name  
T & M FLOORING OF OCALA, INC.



Principal Place of Business  
4765 NE 26TH TERRACE  
OCALA, FL 34479

Mailing Address  
4765 NE 26TH TERRACE  
OCALA, FL 34479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3009897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENKE, TAMMY E.  
4765 NE 26TH TERRACE  
OCALA, FL 34479

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

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

(NOTE: Registered Agent signature required when re-registering)

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  
NAME  
D HENKE, TAMMY E. ☐ Delete  
STREET ADDRESS  
4765 NE 26TH TERRACE  
CITY-ST-ZIP  
OCALA, FL 34479

TITLE  
NAME  
D HENKE, MICHAEL A. ☐ Delete  
STREET ADDRESS  
4765 NE 26TH TERRACE  
CITY-ST-ZIP  
OCALA, FL 34479

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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 officers like empowered.

SIGNATURE *Tammy E. Henke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-06

352-286-0375

License Fee #