2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 22, 2006 8:00 am Secretary of State DOCUMENT# P05000112591 02-20-2006 90040 040 \*\*\*150.00 1. Entity Name DAVID JONES CARPET & VINYL INSTALLATION INC. Principal Place of Business Mailing Address 136 21ST ST. BUCKHEAD RIDGE OKEECHOBEE FL 34974 136 21ST ST. BUCKHEAD RIDGE OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, DAVID Street Address (P.O. Box Number is Not Acceptable) 136 21ST ST. BUCKHEAD RIDGE OKEECHOBEE FL 34974 City Zio 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, typed or prated name of regulared agent and title it applicable. (NOTE: Registered Agent eignature required when registating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TETLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, DAVID NAME STREET ADDRESS. 136 21ST ST. BUCKHEAD RIDGE STREET ADDRESS CHY-SI-ZIP OKEECHOBEE FL 34974 ÇITY-ST-ZIP TITE F ☐ Delete ☐ Change ☐ Add₁ion MITCHELL, ROBERT NAME STREET ADDRESS 2905 N. US 1 STREET ADDRESS CITY-ST-71P FT. PIERCE FL 34946 CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition XAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI - 7/P ☐ Defete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ПІ TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 ke empowered. SIGNATURE: \_

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