



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90852 039 ***150.00

DOCUMENT # P05000154605 1. Entity Name JM PROFLOORING SERVICES INC					
Principal Place of Business 5134 BERNARD CIR APT 143 TEMPLE TERRACE, FL 33617			Mailing Address 5134 BERNARD CIR APT 143 TEMPLE TERRACE, FL 33617		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3830464	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RAMOS, JESUS N 5134 BERNARD CIR APT 143 TEMPLE TERRACE, FL 33617			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 _____ (NOTE: Registered Agent signature required when reinstating.) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMOS, JESUS N 5134 BERNARD CIR APT 143 TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Jesus N. Ramos 4/1/07 813-333-3764		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		