

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5. **FILED**
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90451 027 ***150.00

DOCUMENT # P05000162761					
1. Entity Name PMS FLOORS INC.					
Principal Place of Business 2601 NW 23RD BLVD #107 GAINESVILLE, FL 32605			Mailing Address 2601 NW 23RD BLVD #107 GAINESVILLE, FL 32605		
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 141944663			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHAFFER, MICHAEL T 2601 NW 23RD BLVD #107 GAINESVILLE, FL 32605			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, 2006 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 SCHAFFER, MICHAEL T 2601 NW 23RD BLVD #107 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SCHAFFER, PATRICIA L 2601 NW 23RD BLVD #107 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Patricia L Schaffer</i> PATRICIA L SCHAFFER 4/26/06 (352) 378 9303		