290% FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000014507 1. Entity Name GENERAL FLOORING, CORP.						aa MA	ILED	g: 28		
Principal Place of Business 8602 TEMPLE TERR HWY # D 42 TAMPA, FL 33637		Mailing Address 8602 TEMPLE TERR HWY # D 42 TAMPA, FL 33637					HASSEE F			
2. Principal P	lace of Business - No PO. Box #	3. Mailing Address			***************************************					
Suite, Apt. #, etc.		Suite, Apt #. etc				07162008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State				4. FEI Number 59-3627	814		<u> </u>	plied For It Applicable
Zip	Country	Zip Count		ry		5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current R	egistered Agent				7. Name and A	ddress of New R	egistered A	gent	
				Name	T	C Domos				
COLLINS, JODY 8602 TEMPLE TERR HWY # D42 TAMPA, FL 33637				Jose S. Ramos Street Address (P O Box Number is Not Acceptable)						
TAMICA, I E 33037					8602 Temple Terrace Hwy #042					
				City Ta	Tampa FL Z99637					
SIGNATURE_	Signature, typed or Phane of registery agent an	······	Registered gn Finani		re required \$5.	6-08 when reinstating) 00 May Be and to Fees		UΑ!Σ		
	, ,	Troser and Sona	ballon		Audi	30 10 7 663				
10.	OFFICERS AND D	IRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	PD COLLINS, JODY 8602 TEMPLE TERR HWY #D42 TAMPA, FL 33637	□ Delete				027197	01435 0-005		□ Change 4 7 **61.25	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			J0Y0 8602	E PRESIDEN CE A. BENN 2 TEMPLE T PA. FL	ETT ERRACE HW		☐ Change	🔏 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			SECI MANS	RETARY/TRE SON_E. COL 2 TEMPLE T	ASURER LINS		Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				•	91432	907 ;	□ Change 4 7 **88.73	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS ST- ZIP					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	Defete	CITY-	T ADDRESS ST-ZIP	nutois a =	to Chapter 110	Florida Statutos	_	Change	Addition
ndicated	on this report or supplemental report is to	rue and accurate and that m	ıy sıgnatı	ure shall ha	ive the s	ame legal effect a	is if made under c	ath, that I ar	n an officei	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 id changed, or on an attrachment with an appears with all other like empowered JODY COLLINS - PRES. 7/16/08 (813) 984-2882

SIGNATURE: