

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000087180

Entity Name: PINNACLE FLOOR COVERING, INC.

FILED
Dec 14, 2008
Secretary of State

Current Principal Place of Business:

2122 S. DALE MABRY HWY
TAMPA, FL 33629

New Principal Place of Business:

5005 RIO VISTA
TAMPA, FL 33634

Current Mailing Address:

2122 S. DALE MABRY HWY
TAMPA, FL 33629

New Mailing Address:

5005 RIO VISTA
TAMPA, FL 33634

FEI Number: 86-1077949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S. MAGNOLIA AVE., SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COX, LARRY
Address: 2122 S DALE MABRY HWY
City-St-Zip: TAMPA, FL 33629

Title: PSTD () Delete
Name: COX, JOE
Address: 2122 S. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COX, SUZANNE L
Address: 5005 RIO VISTA
City-St-Zip: TAMPA, FL 33634

Title: PSTD (X) Change () Addition
Name: COX, JOE
Address: 5005 RIO VISTA
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE COX

D

12/14/2008

Electronic Signature of Signing Officer or Director

Date