2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000053599

Entity Name: JIMMY LYNCH TOTAL FLOOR COVERING, INC.

Current Principal Place of Business:

8 BURGUST ST
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

8 BURGUST ST
APOPKA, FL 32712

New Mailing Address:

FEI Number: 02-0624173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, JIMMY
8 BURGUST ST
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

LYNCH, JIMMY L PRES
8 BURGUST ST
APOPKA, FL 32712 US

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: JIMMY LYNCH 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LYNCH, JIMMY
Address: 8 BURGUST ST
City-St-Zip: APOPKA, FL 32712

Title: SEC ( ) Delete
Name: HEERS, LORI
Address: 8 BURGUST ST
City-St-Zip: APOPKA, FL 32712

Title: TREA ( ) Delete
Name: HOUSEMAN, DOUGLAS W
Address: 8 BURGUST STREET
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete
Name: LYNCH, JIMMY
Address: 8 BURGUST STREET
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: TAYLOR, NELSON
Address: 8 BURGUST STREET
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JIMMY LYNCH PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date