

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053599

FILED  
May 03, 2010  
Secretary of State

**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 L PRES  
8 BURGUST ST  
APOPKA, FL 32712 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

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

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

**Title:** TREA  
**Name:** TAYLOR, NELSON  
**Address:** 8 BURGUST STREET  
**City-St-Zip:** APOPKA, FL 32712

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

I hereby 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 all other like empowered.

**SIGNATURE:** JIMMY LYNCH

PRES

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date