

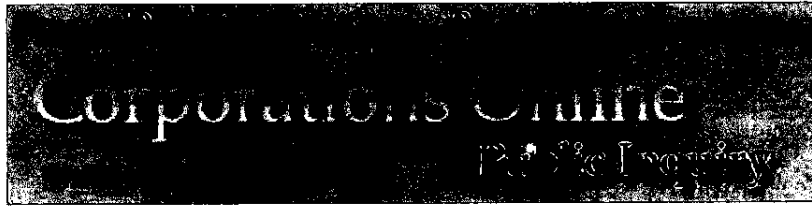
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90021 029 \*\*\*158.75

<b>DOCUMENT # P03000135401</b>					
<b>1. Entity Name</b> JOE LYNCH FLOOR COVERING, INC.					
<b>Principal Place of Business</b> 27544 LISA DRIVE TAVARES, FL 32778    US			<b>Mailing Address</b> 27544 LISA DRIVE TAVARES, FL 32778    US		
<b>2. Principal Place of Business</b> 27544 Lisa Drive		<b>3. Mailing Address</b> 27544 Lisa Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tavares FL		<b>City &amp; State</b> Tavares, FL		<b>4. FEI Number</b> 04-3780825	
Zip 32778		Country USA		Applied For Not Applicable	
Zip 32778		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LYNCH, MICHELLE R 27544 LISA DRIVE TAVARES, FL 32778			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> LYNCH, JOSEPH H <b>STREET ADDRESS</b> 27544 LISA DRIVE <b>CITY-ST-ZIP</b> TAVARES, FL 32778	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> LYNCH, MICHELLE R <b>STREET ADDRESS</b> 27544 LISA DRIVE <b>CITY-ST-ZIP</b> TAVARES, FL 32778	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <b>President</b> Joseph H Lynch 3-22-04					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					

54023122



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**Florida Profit****JOE LYNCH FLOOR COVERING, INC.**

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**PRINCIPAL ADDRESS**  
27544 LISA DRIVE  
TAVARES FL 32778 US

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**MAILING ADDRESS**  
27544 LISA DRIVE  
TAVARES FL 32778 US

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**Document Number**  
P03000135401**FEI Number**  
NONE**Date Filed**  
11/19/2003**State**  
FL**Status**  
ACTIVE**Effective Date**  
NONE

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**Registered Agent**

Name & Address
LYNCH, MICHELLE R 27544 LISA DRIVE TAVARES FL 32778

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**Officer/Director Detail**

Name & Address	Title
LYNCH, JOSEPH H 27544 LISA DRIVE TAVARES FL 32778 US	P
LYNCH, MICHELLE R 27544 LISA DRIVE TAVARES FL 32778 US	VP

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**Annual Reports**

Report Year	Filed Date
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