

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000153918

FILED
Apr 18, 2009
Secretary of State**Entity Name:** THOMAS MURPHY FLOORING INSTALLATION INC.**Current Principal Place of Business:**2463 EASTMAN LN.
CANTONMENT, FL 32533**New Principal Place of Business:****Current Mailing Address:**2463 EASTMAN LN.
CANTONMENT, FL 32533**New Mailing Address:****FEI Number:** 20-0589020**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A
BOX 1370735
DELTONA, FL 32725 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: P () Delete
Name: MURPHY, THOMAS
Address: 2463 EASTMAN LN
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: MURPHY, SLATER
Address: 2463 EASTMAN LN
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS C. MURPHY

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date