

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000469

Entity Name: ON SQUARE FLOORING, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

11365 81ST PLACE N  
SEMINOLE, FL 33772

## New Principal Place of Business:

12072 84TH AVE  
SEMINOLE, FL 33772

## Current Mailing Address:

11365 81ST PLACE N  
SEMINOLE, FL 33772

## New Mailing Address:

12072 84TH AVE  
SEMINOLE, FL 33772

FEI Number: 43-2038669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARROLL, JENNINGS B  
11365 81ST PLACE N  
SEMINOLE, FL 33772 US

## Name and Address of New Registered Agent:

CARROLL, JENNINGS B  
12072 84TH AVE  
SEMINOLE, FL 33772 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: JENNINGS B CARROLL

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARROLL, JENNINGS B  
Address: 11365 81ST PLACE N  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: COVER-CARROLL, AMY S MRS.  
Address: 11365 81ST PLACE N  
City-St-Zip: SEMINOLE, FL 33772

Title: ST ( ) Delete  
Name: COVER-CARROLL, AMY S MRS.  
Address: 11365 81ST PLACE N  
City-St-Zip: SEMINOLE, FL 33772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARROLL, JENNINGS B  
Address: 12072 84TH AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Change ( ) Addition  
Name: COVER-CARROLL, AMY S MRS.  
Address: 12072 84TH AVE  
City-St-Zip: SEMINOLE, FL 33772

Title: ST (X) Change ( ) Addition  
Name: COVER-CARROLL, AMY S MRS.  
Address: 12072 84TH AVE  
City-St-Zip: SEMINOLE, FL 33772

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: AMY COVER CARROLL

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date