

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90237 002 ***150.00

DOCUMENT # P04000024331

1. Entity Name
JEFF HARRISON FLOOR COVERING, INC.



Principal Place of Business
**3432 ZILLAH ST
TALLAHASSEE, FL 32305**

Mailing Address
**3432 ZILLAH ST
TALLAHASSEE, FL 32305**

2. Principal Place of Business - No P.O. Box #
3432 Zillah St.
Suite, Apt. #, etc.

3. Mailing Address
3432 Zillah St.
Suite, Apt. #, etc.

03182008 Chg-P CR2E034 (12/06)



4. FEI Number
90-0141466

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
Tallahassee FL
Zip
32305

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Tallahassee FL
Zip
32305

6. Name and Address of Current Registered Agent

**HARRISON, JEFFREY
3435 LAURA ST
TALLAHASSEE, FL 32305**

7. Name and Address of New Registered Agent

Name **Harrison, Jeffrey**
Street Address (P.O. Box Number is Not Acceptable)
3432 Zillah St.
City **Tallahassee** FL Zip Code **32305**

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.

SIGNATURE **Jeff Harrison**
Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, JEFFREY 3429 LAURA ST TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, RANDALL 3426 LAURA ST TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEATHERLY, WILLIAM 3429 LAURA ST TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: **Jeff Harrison**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08
DATE

Daytime Phone #