

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024331

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** JEFF HARRISON FLOOR COVERING, INC.

**Current Principal Place of Business:**

3429 LAURA ST.  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

3429 LAURA ST.  
TALLAHASSEE, FL 32305

**New Mailing Address:**

**FEI Number:** 90-0141466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, JEFFREY  
3429 LAURA ST.  
TALLAHASSEE, FL 32305 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  
**Name:** HARRISON, JEFFREY  
**Address:** 3429 LAURA ST  
**City-St-Zip:** TALLAHASSEE, FL 32305

**Title:** S  
**Name:** CARR, JOSHUA  
**Address:** 3432 ZILLAH ST.  
**City-St-Zip:** TALLAHASSEE, FL 32305

**Title:** S  
**Name:** FOUNTAIN, RICHARD  
**Address:** 3432 ZILLAH ST.  
**City-St-Zip:** TALLAHASSEE, FL 32305

**Title:** VP  
**Name:** CONNER, SARAH  
**Address:** 3432 ZILLAH ST.  
**City-St-Zip:** TALLAHASSEE, FL 32305

**Title:** S  
**Name:** WINFIELD, CHRISTOPHER L  
**Address:** 8446 LAKE ATKINSONS DR.  
**City-St-Zip:** TALLAHASSEE, FL 32305

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:** JEFFREY HARRISON

P

04/30/2012

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

\_\_\_\_\_  
Date