## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000117119

HOMESTEAD, FL 33033

City-St-Zip:

Entity Name: LINDCOLL LAMINATED FLOORS CORPORATION

FILED Apr 20, 2009 Secretary of State

| Current Principal Place of Business:                  |   |                                      | New Principal Place                         | New Principal Place of Business:             |  |
|---|---|--------------------------------------|---|--|--|
| 708 SE 14   | •   |                                      |   |  |  |
| Current Mailing Address:                              |   |                                      | New Mailing Address                         | New Mailing Address:                         |  |
| 708 SE 14<br>HOMESTE                                  | AVE<br>EAD, FL 33033                                    | 3                                    |   |  |  |
| FEI Number: 20-1492923 FEI Number Applied For ( ) FEI |   |                                      | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:         |   |                                      | Name and Address of                         | Name and Address of New Registered Agent:    |  |
|   | TH AVE<br>EAD, FL 33033                                 |                                      | ourpose of changing its registered          | d office or registered agent, or both,       |  |
|   | e of Florida.   | subtilities time ottate. He is the p | surpose of changing to registeres           | romee of regional agent, or both,            |  |
| SIGNATU   | RE:   |                                      |   |  |  |
|   | Electror  | ic Signature of Registered Age       | ent   | Date   |  |
| Election Car  | mpaign Financin   | g Trust Fund Contribution ( ).       |   |  |  |
| OFFICERS AND DIRECTORS:                               |   |                                      | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:           | DP ( )<br>LINDNER, MAR<br>708 SE 14TH A<br>HOMESTEAD, I | VE                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                           | DV ()<br>LINDNER, JEAI<br>708 SE 14TH A                 |                                      | Title:<br>Name:<br>Address:                 | ()Change ()Addition                          |  |

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: MARIA LINDNER P 04/20/2009