

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000143564

FILED
Jun 12, 2008
Secretary of State

Entity Name: JAMES GRIMES FLOORCOVERING, INC

Current Principal Place of Business:

12940 COOPER RD.
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

12940 COOPER RD.
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 20-3678729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMES, JAMES
12950 HARRISON LANE
GROVELAND, FL 34736 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: GRIMES, JAMES
Address: 12940 COOPER RD.
City-St-Zip: GROVELAND, FL 34736

Title: VPDE () Delete
Name: GRIMES, JAMES A JR
Address: 12940 COOPER RD.
City-St-Zip: GROVELAND, FL 34736

Title: TD (X) Delete
Name: GRIMES, JUDY
Address: 12998 HARRISON LANE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAMES A GRIMES

P

06/12/2008

Electronic Signature of Signing Officer or Director

Date