2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90028 015 ***150.00

DOCUMENT # P06000004108

1. Entity Name
PINELLAS FLOOR COVERING, INC.

40020112

Principal Place of Business	Mailing Address
10464 106TH AVE. N., APT. 9 LARGO, FL 33773	~~10464 106TH AVE. N., APT. 9~~ LARGO, FL 33773 8749 79th PL. Seminole FL. 33777
2. Principal Place of Business - No P.O. Box # 8749 79th PLACE	3. Mailing Address 8749 79th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Seminole FL	City & State Seminole FL
Zip 33777 Country	Zip 33777 Country

01212008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4095747 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEEMAN, JAMISON ~~10464 106TH AVE. N., APT. 9~~ ~~LARGO, FL 33773~~ 8749 79th PL. Seminole FL. 33777	Name: LEEMAN, JAMISON Street Address (P.O. Box Number is Not Acceptable): 8749 79th Place City: Seminole FL Zip Code: 33777

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: [signature] Pres. 1-23-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered ... JAMISON LEEMAN) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LEEMAN, JAMISON STREET ADDRESS ~~10464 106TH AVE. N., APT. 9~~ 8749 79th PL. CITY-ST-ZIP ~~LARGO, FL 33773~~ Seminole FL 33777	☐ Delete	TITLE PRES NAME LEEMAN, JAMISON STREET ADDRESS 8749 79th PLACE CITY-ST-ZIP SEMINOLE, FL 33777	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Pres. 1-23-08 (727) 520-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMISON LEEMAN Date Daytime Phone #