

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000111017

1. Entity Name  
CUSTOM FLOORS BY JACK, INC.



FILLED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 22 AM 10:23

Principal Place of Business

6742 HIKINA DRIVE  
NORTH PORT, FL 34287 US

Mailing Address

POST OFFICE BOX 855  
ENGLEWOOD, FL 34295 US

2. Principal Place of Business - No P.O. Box #

3993 TYRONE BLVD. #608

Suite, Apt. #, etc.

ST. PETERSBURG, FL

City & State

Zip  
33709

Country

U.S.A.

3. Mailing Address

3993 TYRONE BLVD

Suite, Apt. #, etc.

#608

City & State

ST. PETERSBURG, FL

Zip  
33709

Country

U.S.A.

09172008

Chg-P

CR2E034 (12/06)

4. FEI Number

01-0873664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TYNAN, ROSE M

6742 HIKINA DRIVE 3993 TYRONE BLVD #608

NORTH PORT, FL 34287 ST. PETERSBURG, FL

33709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: *Rose M. Tynan*

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

9-17-08

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME TYNAN, JACK R  
STREET ADDRESS 6742 HIKINA DRIVE  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE S/T ☐ Delete

NAME TYNAN, ROSE M  
STREET ADDRESS 6742 HIKINA DRIVE  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition

NAME JACK R. TYNAN  
STREET ADDRESS 3993 TYRONE BLVD. #608  
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE S/T ☒ Change ☐ Addition

NAME ROSE M. TYNAN  
STREET ADDRESS 3993 TYRONE BLVD. #608  
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Rose M. Tynan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSE M. TYNAN 9-17-08 (722)  
251-0956

Date

Daytime Phone #