2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State
04-14-2008 90040 038 ***150.00

DOCUMENT # P07000108443

1. Entity Name
JIM LYNCH CARPET INC.

Principal Place of Business	Mailing Address
1774 SOUTHWEST CYCLE STREET PORT ST LUCIE, FL 34953	1774 SOUTHWEST CYCLE STREET PORT ST LUCIE, FL 34953

01042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7 Indies Lane	7 Indies Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie, Fl	City & State: Port St Lucie, Fl
Zip: 34952 Country: St Lucie	Zip: 34952 Country: St Lucie

4. FEI Number: 22-3969569 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: James Lynch
Street Address (P.O. Box Number is Not Acceptable): 2312 SW Abalon Circle
City: Port St Lucie FL Zip Code: 34953

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] President DATE: 3-26-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LYNCH, JAMES 1774 SOUTHWEST CYCLE STREET PORT ST LUCIE, FL 34953 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Lynch, James 2312 SW Abalon Circle Port St Lucie, Fl. 34953 ☐ 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] James Lynch Pres. 772-985-1779 4-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #