

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135300

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTHLAND FLOORING SUPPLIES OF FLORIDA, INC.

Current Principal Place of Business:

3630 ULMERTON ROAD
CLEARWATER, FL 337624213 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21427
LOUISVILLE, KY 402210427 US

New Mailing Address:

FEI Number: 26-1644541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LSK, GREG
3630 ULMERTON ROAD
CLEARWATER, FL 337624213 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: MANIS, HOWARD R
Address: 6081 BAHIA DEL MAR CIRCLE #151
City-St-Zip: ST. PETERSBURG, FL 33715 US

Title: D,ST () Delete
Name: BLAIR, JASPER C
Address: P.O. BOX 21427
City-St-Zip: LOUISVILLE, KY 402210427 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JASPER C. BLAIR

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date