



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90015 011 \*\*\*150.00

<b>DOCUMENT # P95000071543</b> 1. Entity Name <b>TOM KELLY FLOORING CO.</b>					
Principal Place of Business <b>2880 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207</b>			Mailing Address <b>2880 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>62-1616787</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEEKIN, MARK ESQ. 4540 SOUTSIDE BLVD. STE. 702 JACKSONVILLE FL 32216</b>				7. Name and Address of New Registered Agent Name <b>Thomas M. Kelly</b> Street Address (P.O. Box Number is Not Acceptable) <b>2880 St. Augustine Rd.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>	
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 <u><i>Tom Kelly</i></u> (NOTE: Registered Agent signature required when constituting) DATE <u>03-07-08</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KELLY, TOM 2880 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Tom Kelly, President</i></u> <b>03-07-08</b> <b>(904)399-2389</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		