


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064936
 1. Entity Name
 CENTRAL FLORIDA WOOD FLOORS, INC.



Principal Place of Business: 2402 SUMMERFIELD RD, WINTER PARK, FL 32792
 Mailing Address: 127 W. FAIRBANKS AVE. #462, WINTER PARK, FL 32789

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04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3656474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARRISON, TODD C
 2402 SUMMERFIELD RD
 WINTER PARK, FL 32792

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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: *Todd C. Garrison* (NOTE: Registered Agent signature required when reinstating)
 DATE: *4/15/04*

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, TODD C 2402 SUMMERFIELD RD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARRISON, GLORIA M 2402 SUMMERFIELD RD WINTER PARK, FL 32792
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 04/19/04-80039-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Todd C. Garrison* *Todd C. Garrison* *4/15/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #