2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 06, 2004 08:00 AM DOCUMENT # H64567 **Secretary of State** 1. Entity Name ENDURACOLOR HARDWOOD FLOORING, INC. Principal Place of Business Mailing Address 1942 TIGERTAIL BLVD. 1942 TIGERTAIL BLVD. **DANIA FL 33004** DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2564352 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNUPP, CHARLES R. Street Address (P.O. Box Number is Not Acceptable) 1942 TIGERTAIL BLVD. **DANIA FL 33004** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mle Delete TITLE Change Addition KNUPP, CHARLES NAME NAME 1942 TIGERTAIL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP DANIA FL CITY-S1-ZIP VS TITLE ☐ Delete TITLE Change Addition KNUPP, CHARLES NAME STREET ADDRESS 1942 TIGERTAIL BLVD. STREET ADDRESS U000000037492 DANIA FL CITY-ST-ZIP CITY - ST- 7IP TIME Delete TITLE \_\_ Change Addition NAME KNUPP, CHARLES STREET ADDRESS 1942 TIGERTAIL BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 it made under oath; that I am an officer or director of the concoration or the receiver or trustee explowered 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 05 SIGNATURE: SIGNATURE AND TYPED ORYP ED NAME OF SIGNING OFFICER OR DIRECTO

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