


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90161 027 ***159.00

DOCUMENT # P00000012070			
1. Entity Name PROFESSIONAL WOOD LAMINATE FLOORING, INC.			
Principal Place of Business 2378 NE CENTER CIRCLE JENSEN BEACH, FL 34957		Mailing Address 2378 NE CENTER CIRCLE JENSEN BEACH, FL 34957	
2. Principal Place of Business 1545 NE DARLICH AVE Suite, Apt. #, etc.		3. Mailing Address 1545 NE DARLICH AVE Suite, Apt. #, etc.	
City & State JENSEN BEACH, FL		City & State JENSEN BEACH, FL	
Zip 34957		Zip 34957	
Country		Country	
4. FEI Number 65-0982330		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASSEL, SEAN 2378 NE CENTER CIRCLE JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1545 DARLICH AVE City JENSEN BEACH, FL Zip Code 34957	
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 <i>Sean Cassel</i>		DATE 4/30/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME CASSEL, SEAN		NAME	
STREET ADDRESS 2378 NE CENTER CIRCLE		STREET ADDRESS 1545 DARLICH AVE	
CITY-ST-ZIP JENSEN BEACH, FL 34957		CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Sean Cassel</i>		SEAN CASSEL - RESIDENT 4-30-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		772-334-3458	
		Daytime Phone #	