

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 001 ***150.00

DOCUMENT # P00000060853

1. Entity Name
ALTERNATIVE HARDWOOD FLOORING, INC.



Principal Place of Business
**32954 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684**

Mailing Address
**32954 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684**

50005650



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3665766

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERO, DAVID R
~~345 COUNTRY SIDE KEYS BLVD~~
~~OLDSMAR, FL 34677~~

Name

Street Address (P.O. Box Number is Not Acceptable)

32954 US Hwy 19 N

City

Palm Harbor

FL

Zip Code

34684

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 signatures required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LERO, DAVID R**
CITY-ST-ZIP **~~345 COUNTRY SIDE KEYS~~
~~OLDSMAR, FL 34677~~**

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS **Lero David R.**
CITY-ST-ZIP **32954 US Hwy 19 N.
Palm Harbor Florida 34684**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **LERO, PATTY**
CITY-ST-ZIP **~~345 COUNTRY SIDE KEYS~~
~~OLDSMAR, FL 34677~~**

TITLE ☐ Change ☐ Addition
NAME **V**
STREET ADDRESS **Lero Patty**
CITY-ST-ZIP **32954 US Hwy 19 N.
Palm Harbor FL 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

(727) 781-8338