## 2008 FOR PROFIT CORPORATION

## Jan 25, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P00000060853 ALTERNATIVE HARDWOOD FLOORING, INC. Principal Place of Business Mailing Address 32954 US HIGHWAY 19 NORTH 32954 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 01162008 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3665766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LERO, DAVID R DO NOT WRITE 32956 US 19 NORTH PALM HARBOR, FL 34684 IN THIS SPACE 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. (NCTF: Registered Agent Signatura required when reinstating DATE \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME LERO, DAVID R STRUET ADDRESS 32950 US HWY 19 NORTH CITY-ST-7/P PALM HARBOR, FL 34684 000000737845 01/30/08-80005-001 150.00 THILE NAME LERO, PATTY STREET ADDRESS 32950 US HWY 19 NORTH CITY-ST-ZIP PALM HARBOR, FL 34684 HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP THE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information inclicated 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 thrector 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED