

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000112474 1. Entity Name ROXO WOOD FLOORS INC.	
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Principal Place of Business 494 MERRIMAC DRIVE PORT ORANGE, FL 32127	Mailing Address 494 MERRIMAC DRIVE PORT ORANGE, FL 32127
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3685453	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROXO, KATHY 494 MERRIMAC DRIVE PORT ORANGE, FL 32127	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ROXO, FERNANDO 494 MERRIMAC DRIVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROXO, KATHY 494 MERRIMAC DRIVE PORT ORANGE, FL 32127
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04/14/05-80040-007-150.00

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: Kathy Roxo **Kathy Roxo Secretary** 4/11/05 386-763-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #