

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90231 011 ***150.00

DOCUMENT # P01000019259

1. Entity Name
BUCCANEER HARDWOOD FLOORING, INC.



Principal Place of Business
**2067 NEW BURY COURT
PALM HARBOR, FL 34683-2820**

Mailing Address
**2067 NEW BURY COURT
PALM HARBOR, FL 34683-2820**

2. Principal Place of Business
**1820 Pinellas Ave.
Suite, Apt. #, etc.
113
City & State
Tarpon Springs, FL
Zip
34689 Country
US**

3. Mailing Address
**1820 Pinellas Ave.
Suite, Apt. #, etc.
113
City & State
Tarpon Springs, FL
Zip
34689 Country
US**



03182005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3698800

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
**LOVELACE, WILLIAM K
401 S LINCOLN AVE
CLEARWATER, FL**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNZ, GORDON 2067 NEW BURY COURT PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1820 Pinellas Ave., # 113 Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ **4/19/05 727-786-6330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #