

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90027 025 \*\*\*150.00

<b>DOCUMENT # P02000025367</b> 1. Entity Name <b>PETER WOOD FLOORING COMPANY</b>			
Principal Place of Business <b>5136 MEADOWLARK LANE TALLAHASSEE, FL 32303</b>		Mailing Address <b>5136 MEADOWLARK LANE TALLAHASSEE, FL 32303</b>	
2. Principal Place of Business - No P.O. Box # <b>5138 Box Wood Ln</b>		3. Mailing Address <b>5138 Box Wood Ln</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>	
Zip <b>32303</b>		Zip <b>32303</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>50-0001092</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WOOD, PETER J JR 5136 MEADOWLARK LANE TALLAHASSEE, FL 32303</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Wood, Peter J Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>5138 Box Wood Ln</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>	
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 <u><i>Peter Wood Jr</i></u> DATE <u>1-10-07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOOD, PETER JR</b> <b>5136 MEADOWLARK LANE</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Wood, Peter Jr</b> <b>5138 Box Wood Ln</b> <b>Tallahassee, FL 32303</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'CONNELL, BRIAN</b> <b>5136 MEADOWLARK LANE</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'Connell, Brian</b> <b>5138 Box Wood Ln</b> <b>Tallahassee, FL 32303</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRAVIS, Frederick</b> <b>2631 Stoneridge</b> <b>Tallahassee, FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Travis, Frederick</b> <b>2631 Stoneridge dr</b> <b>Tallahassee, FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Peter Wood Jr</i></u>		DATE: <u>1-10-07</u> PHONE: <u>850-766-0480</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

MADE IN THE U.S.A.