


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90137 012 \*\*\*150.00

<b>DOCUMENT # P02000037137</b> 1. Entity Name <b>BOB HOWARD'S FLOORING, INC.</b>					
Principal Place of Business <b>2836 ORANOLE WAY APOPKA, FL 32703</b>			Mailing Address <b>685-B GEORGIA AVENUE LONGWOOD, FL 32750</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2428 S MAPLE AVE</b> Suite, Apt. #, etc.			
City & State		City & State <b>SANFORD, FLORIDA</b>		4. FEI Number <b>68-0495974</b>	
Zip <b>32771</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEVORE, ROSA 685-B GEORGIA AVE LONGWOOD, FL 32750</b>			7. Name and Address of New Registered Agent Name <b>DEVORE ROSA L</b> Street Address (P.O. Box Number is Not Acceptable) <b>2428 SOUTH MAPLE AVENUE</b> City <b>SANFORD</b> FL <b>32771</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>Rosa L Devore</i></u> DATE <u><i>4/28/05</i></u> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HOWARD, ROBERT F 2836 ORANOLE WAY APOPKA, FL 32703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 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: <u><i>Robert Howard</i></u> DATE <u><i>4/28/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

**\$0046789**



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