2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000040171

1. Entity Name
ADVANCED WOOD FLOORS, INC.

Principal Place of Business	Mailing Address
PO BOX 6787	PO BOX 6787
WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3681604	Not Applicable

5. Certificate of Status Desired ___ ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAN AKEN, MICHAEL J
619 N DIXIE HIGHWAY
LAKE WORTH, FL 33460

DO NOT WRITE
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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000078042
03/08/04-80011-023 158.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	VAN AKEN, MICHAEL J
STREET ADDRESS	PO BOX 6787
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

TITLE	
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CITY-ST-ZIP	

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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: _Michael Van A____   3-3-04   561-585-9710

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