

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90085 018 \*\*\*158.75

DOCUMENT # P02000040171

1. Entity Name  
ADVANCED WOOD FLOORS, INC.



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

Mailing Address  
PO BOX 6787  
WEST PALM BEACH, FL 33405

40038609



2. Principal Place of Business - No P.O. Box #  
4010 GEORGIA AV. BAY 1

3. Mailing Address

Suite, Apt. #, etc.  
WEST PALM BEACH, FL

Suite, Apt. #, etc.  
4010 GEORGIA AV. BAY 1

City & State

City & State  
WEST PALM BEACH, FL

01072007 Chg-P CR2E034 (12/06)

Zip  
33405

Country  
U.S.A.

Zip  
33405

Country  
U.S.A.

4. FEI Number  
04-3681604

Applied For  
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

## 7. Name and Address of New Registered Agent

Name  
MICHAEL J. VANAKEN

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

4010 GEORGIA AV. BAY 1

City  
WEST PALM BEACH FL Zip Code  
33405

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 *Michael J. Van Aken, Director*

3-15-07

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, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D VAN AKEN, MICHAEL J. ☐ Change ☒ Addition  
STREET ADDRESS  
4010 GEORGIA AV.  
CITY-ST-ZIP  
WEST PALM BEACH, FL. 33405

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *Michael J. Van Aken*

3-15-07

561-329-0923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #