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Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90081 037 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000121969

1. Entity Name
H & S WOOD FLOORING, INC.

Principal Place of Business	Mailing Address
1628 WILSON STREET HOLLYWOOD, FL 33020	1628 WILSON STREET HOLLYWOOD, FL 33020

94053064

04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4611 South University Drive	4611 South University Drive
Suite, Apt. #, etc. Suite 445	Suite, Apt. #, etc. Suite 445
City & State Davie Fl	City & State Davie Fl
Zip 33328 Country	Zip 33328 Country

4. FEI Number 61-1430625 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINBOTHAM, JAMES 1628 WILSON STREET HOLLYWOOD, FL 33020	Name James Higginbotham Street Address (P.O. Box Number is Not Acceptable) 233 N.W 78 TERR City Margate, Fl FL Zip Code 33068

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 James Higginbotham (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE 4-7-04

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS HIGGINBOTHAM, JAMES 1628 WILSON STREET HOLLYWOOD, FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS James Higginbotham 4611 South University Drive Suite 445 Davie Fl 33328	☐ Change ☐ Addition
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: James Higginbotham (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 4-7-04 Daytime Phone # 954-295-6985