

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 040 ***158.75

DOCUMENT # P02000121969 1. Entity Name H & S WOOD FLOORING, INC.			
Principal Place of Business 4611 SOUTH UNIVERSITY DR. STE. 445 DAVIE, FL 33328		Mailing Address 4611 SOUTH UNIVERSITY DR. STE. 445 DAVIE, FL 33328	
2. Principal Place of Business - No P.O. Box # 10050 SE 139 PL		3. Mailing Address P.O. Box 1226	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Summerfield FL		City & State Summerfield FL	
Zip 34492		Zip 34492-1226	
Country 		Country 	
4. FEI Number 61-1430625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HIGGINBOTHAM, JAMES 233 NW 78 TERR. MARGATE, FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 4611 SOUTH UNIVERISTY DR., STE. 445 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>James Higginbotham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		James Higginbotham <small>Date</small> 2-19-07 <small>Daytime Phone #</small> 954-295-0985	