

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/29

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90263 008 \*\*\*150.00

<b>DOCUMENT # P03000073893</b>					
<b>1. Entity Name</b> SONLIGHT HARDWOOD FLOOR FINISHING, INC.					
<b>Principal Place of Business</b> 6028 W LINEBAUGH AVENUE TAMPA, FL 33625 US			<b>Mailing Address</b> 6028 W LINEBAUGH AVENUE TAMPA, FL 33625 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 20-0069748			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b>			<input type="checkbox"/> \$8.75 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b> JUDITH G CORNELIUS CPA PA 6707 N HIMES AVENUE TAMPA, FL 33625			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFOSSEE, LENNY 6028 W LINEBAUGH AVENUE TAMPA, FL 33625		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, DONALD 6028 W LINEBAUGH AVENUE TAMPA, FL 33625		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA NEATHERLY, EDNA M 6028 W LINEBAUGH AVENUE TAMPA, FL 33625		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PETITT, JENNIFER 6028 W LINEBAUGH AVENUE TAMPA, FL 33625		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Leonard Lafosse</i>			LEONARD LAFOSSE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-27-04 Daytime Phone #: 813-264-5673		