


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90445 008 ***150.00

DOCUMENT # P03000115472	
1. Entity Name KELLY BONSALE HARDWOOD FLOORS, INC.	

Principal Place of Business 8209 ROYAL SAND CIRCLE # 211 TAMPA, FL 33615 US	Mailing Address 8209 ROYAL SAND CIRCLE 211 TAMPA, FL 33615 US
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2. Principal Place of Business 8611 1/2 Jackson Springs Rd Suite, Apt. #, etc.	3. Mailing Address 8611 1/2 Jackson Springs Rd Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33615	Zip 33615
Country USA	Country USA



04282004 Chg-P CR2E034 (10/03)

4. FEI Number 20 0321040		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BONSALE, KELLY P 8209 ROYAL SAND CIRCLE # 211 TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Bonsale, Kelly P. Street Address (P.O. Box Number is Not Acceptable) 8611 1/2 Jackson Springs Rd City Tampa FL Zip Code 33615

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) 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D BONSALE, KELLY P 8209 ROYAL SAND CIRCLE # 211 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Bonsale, Kelly P 8611 1/2 Jackson Springs Rd. Tampa, FL 33615 <input type="checkbox"/> Change <input type="checkbox"/> Addition (address change only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kelly Bonsale 4-28-04 (813) 786-3096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #