ANNUAL KEPUKI (AK)

## DOCUMENT # P03000118341 **FILED** 1. Entity Name Mar 13, 2006 08:00 AM Secretary of State WOOD FLOORS BY ALEXANDER INC Principal Place of Business Mailing Address 3012 25TH STREET WEST 3012 25TH STREET WEST **BRADENTON FL 34205** BRADENTON FL 34205 Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-0328343 Not Applicable Zιρ Country Ziα Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALUZIN, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 3012 25TH STREET WEST **BRADENTON FL 34205** Zip Code dement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this sta the obligations of registered SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTURS THILE DILE ☐ Delete NAME GALUZIN, ALEXANDER MAME STREET ADDRESS 3012 25TH STREET WEST STREET ADDRESS C(1Y-\$1-7(P CITY-ST-ZIP BRADENTON FL 34205 TITE Delete THEE ☐ Change Addition : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete ☐ Change ■ Addition INLL THILL NAME U0000046378**5** 03/21/06-80091-003 150.00 STREET ADDRESS STREET AODRESS CHY-SI-ZD CITY-ST-ZIP TITLE Defete HILE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP ☐ Addilion Delete THILE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZiP CITY-ST-ZIP □ Change ☐ Addition mu ☐ Delete MILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

GALYZIN

SIGNATURE:

03.04.206

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