

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 003 ***150.00

DOCUMENT # P03000121392			
1. Entity Name WESTWOOD FLOORING CO.			
Principal Place of Business 19591 CAROB CT PORT CHARLOTTE, FL 33952 US		Mailing Address 19591 CAROB CT PORT CHARLOTTE, FL 33952 US	
2. Principal Place of Business 21221 Hubbard Ave Suite, Apt. #, etc.		3. Mailing Address 21221 Hubbard Ave Suite, Apt. #, etc.	
City & State Port Charlotte FL		City & State Port Charlotte FL	
Zip 33952		Zip 33952	
Country USA		Country USA	
4. FEI Number 20-0344670		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TRIMBLE, ALAIN 19591 CAROB CT PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name: Garin E Trimble Street Address (P.O. Box Number is Not Acceptable): 21221 Hubbard Ave City: Port Charlotte FL Zip Code: 33952	
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: DATE: 5-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: TRIMBLE, ALAIN STREET ADDRESS: 19591 CAROB CT CITY-ST-ZIP: PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 18174 Miramar Ave CITY-ST-ZIP: Port Charlotte FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: TRIMBLE, GARIN STREET ADDRESS: 21221 HUBBARD AVE CITY-ST-ZIP: PORT CHARLOTTE, FL 33952	<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
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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:		5-26-04 941-815-7198 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			