

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000126273 1. Entity Name BOB'S HARDWOOD FLOORS, INC.					
Principal Place of Business 13893 OLD OAK TRAIL TALLAHASSEE, FL 32309			Mailing Address 13893 OLD OAK TRAIL SUITE 108 TALLAHASSEE, FL 32309		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 13893 Old Oak Trail Suite, Apt. #, etc.		
City & State Tallahassee, FL			4. FEI Number 20-0364246		
Zip 32309			Country		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS BLVD SUITE 108 TALLAHASSEE, FL 32308			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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$61.25		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	D BUSH, ROBERT A 13893 OLD OPTS TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bush, Robert A. 13893 Old Oak Trail Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESTER, LAWRENCE D 6898 LL WALLACE RD TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100660089231 09/29/05--01071--015 \$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEMON, DANNY C 925 E MAGNOLIA DR TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Laura G. Bush 13893 Old Oak Trail Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: <u>Robert A Bush</u> 9/19/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
 05 SEP 27 AM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08302005 Chg-P CR2E034 (10/03) **JK 9/28**