

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90024 013 \*\*\*150.00

**DOCUMENT # P03000127247**

1. Entity Name

WOOD FLOOR INSTALLATIONS & REPAIRS, INC.



Principal Place of Business

7524 SW 135TH TERR.  
ARCHER FL 32618

Mailing Address

7524 SW 135TH TERR.  
ARCHER FL 32618

34027188



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1918 N.E. 7th St.

Suite, Apt. #, etc.

3. Mailing Address

1918 N.E. 7th St.

Suite, Apt. #, etc.

City & State

Gainesville Fla

City & State

Gainesville Fla

4. FEI Number

743109584

Applied For

Not Applicable

Zip

32609

Country

USA

Zip

32609

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, WILLIAM G  
7524 SW 135TH TERR.  
ARCHER FL 32618

7. Name and Address of New Registered Agent

Name

William G. Tucker

Street Address (P.O. Box Number is Not Acceptable)

1918 N.E. 7th St.

City

Gainesville

FL

Zip Code

32609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TUCKER, WILLIAM G	
STREET ADDRESS	7524 SW 135TH TERR.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tucker William G.	address
STREET ADDRESS	1918 N.E. 7th St.	
CITY-ST-ZIP	Gainesville, Fla 32609	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Tucker	
STREET ADDRESS	1918 N.E. 7th St.	
CITY-ST-ZIP	Gainesville, Fla 32609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Will

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

352 214-4074

Date

Daytime Phone #