


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90032 008 \*\*\*150.00

<b>DOCUMENT # P03000127247</b>			
1. Entity Name <b>WOOD FLOOR INSTALLATIONS &amp; REPAIRS, INC.</b>			
Principal Place of Business <b>1918 NE 7TH ST. GAINESVILLE FL 32609</b>		Mailing Address <b>1918 NE 7TH ST. GAINESVILLE FL 32609</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>TUCKER, WILLIAM G 1918 NE 7TH ST. GAINESVILLE FL 32609</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TUCKER, WILLIAM G 1918 NE 7TH ST. GAINESVILLE FL 32609</b> <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	<b>V TUCKER, JAMES 1918 NE 7TH ST. GAINESVILLE FL 32609</b> <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
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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: James Tucker James Tucker 7/15/05 352 214-4073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1st MOORE CR2E034 (10/04)

ATTACHMENT

50056843  
# P030001272471/18/05

To Whom it may concern:

Wood Floor Installations & Repairs, Inc.  
did not receive a notice to send an annual report. We did not know we were required to do so. We only received a "notice of intent to dissolve" postcard mid June followed by the annual report form on July 15<sup>th</sup>. There is no way we could have responded before May 1<sup>st</sup> 2005. We were instructed by a representative from your office to include this letter with our report and the late fee would be waived.

Thank you,

James Tucker  
vice president

Wood Floor Installations  
& Repairs