

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132743

Entity Name: AMH HARDWOOD FLOORING INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

5781 HECKSCHER DR
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

5781 HECKSCHER DR
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 20-0399048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFER, ARRON M
5781 HECKSCHER DR
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFFER, ARRON M
Address: 5781 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: V () Delete
Name: STAFFORD, TOBY R
Address: 10649 WAKEFIELD FOREST AVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: V () Delete
Name: STAFFORD, TYLER P
Address: 4948 SCENIC MARSH CT
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: STAFFORD, TOBY R
Address: 2916 CAPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: V (X) Change () Addition
Name: STAFFORD, TYLER P
Address: 2896 CAPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARRON M. HOFFER

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date