


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90071 042 ***150.00

DOCUMENT # P03000133804	
1. Entity Name REAL WOOD FLOORS, INC.	

Principal Place of Business 479 WAHOO RD P.O. BOX 27324 PANAMA CITY FL 32406	Mailing Address 479 WAHOO RD P.O. BOX 27324 PANAMA CITY FL 32406
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2. Principal Place of Business 479 WAHOO ROAD	3. Mailing Address P.O. Box 27324
Suite, Apt. #, etc. P.O. Box 27324	Suite, Apt. #, etc.

City & State PANAMA CITY BEACH, FLORIDA	City & State PANAMA CITY BEACH, FLORIDA
Zip 32408	Country U.S.A.
Zip 32411-7324	Country U.S.A.

03001000



MOORE CR2E034 (11/03)

4. FEI Number 57-1193596	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MCINTYRE, NOAH F 479 WAHOO RD PANAMA CITY FL 32408	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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  **DATE** 4/23/2004

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

(NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME MCINTYRE, NOAH F	
STREET ADDRESS 479 WAHOO RD, P.O. BOX 27324	
CITY-ST-ZIP PANAMA CITY FL 32408	
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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Noah F. McIntyre	
STREET ADDRESS 479 WAHOO ROAD, P.O. BOX 27324	
CITY-ST-ZIP PANAMA CITY BEACH, FLORIDA 32411-7324	
TITLE SECRETARY-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MELODIE A. MCINTYRE	
STREET ADDRESS 479 WAHOO RD., P.O. BOX 27324	
CITY-ST-ZIP PANAMA CITY BEACH, FLORIDA 32411-7324	
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:  **DATE** 4/23/2004 **DAYTIME PHONE #** (850) 974-5799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #