

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90016 033 ***150.00

DOCUMENT # P03000137176

1. Entity Name
ADVANCED HARDWOOD FLOORS, INC.



Principal Place of Business Mailing Address
4475 WILLA CREEK DR. #113 1006 LEEDS CT. PO BOX 300547
WINTER SPRINGS, FL 32708 US FERN PARK, FL 32730-0547 US
WINTER PARK, FL 32792-6103



01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0426055

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUNJIC, BOJAN
4475 WILLA CREEK DR. #113
WINTER SPRINGS, FL 32708

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SUNJIC, BOJAN**
STREET ADDRESS **4475 WILLA CREEK DR. #113**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **C,P**
NAME **SUNJIC, BOJAN**
STREET ADDRESS **4475 WILLA CREEK DR. #113**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **T,S**
NAME **SUNJIC, BOJAN**
STREET ADDRESS **4475 WILLA CREEK DR. #113**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Bojan Sunjic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.12.05 407-468-4895
Date Daytime Phone #