## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # P03000138594** 

CUSTOM WOOD FLOORS, INC.



US

**FILED** Feb 14, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2574 NURSERY ROAD LAKE WALES, FL 33859 US 2574 NURSERY ROAD LAKE WALES, FL 33859



## DO NOT WRITE IN THIS SPACE

01292007 No Chg-P		CR2E034 (11/05)		
4. FEI Number	, ., .,		Applied For	
20-1028488			Not Applicable	
5. Certificate of	of Status Desired	\$8.75 Additional		

CR2E034 (11/05)

Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, JAMES G SR 2574 NURSERY ROAD LAKE WALES, FL 33859

## DO NOT WRITE IN THIS SPACE

i							
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 appricable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERICKSON, JAMES G SR 2574 NURSERY ROAD LAKE WALES, FL 33859			U20000cac tom			
NAME STREET ADDRESS CITY-ST-ZIP					000000636105 02/26/07-80003-009 150.00		
TITLE MAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street Address			IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR