2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # P03000141443 1. Entity Name 08-02-2004 90014 042 ***150.00 RICK'S HARDWOOD FLOORING, INC. Principal Place of Business Mailing Address 9520 HIGHLAND AVE 9520 HIGHLAND AVE **TAMPA FL 33612** TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address 315. E. Knoll WOOD Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 4. FEI Number Applied For TAmpa 20-0392008 Not Applicable WHStowers \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME -GUERRA, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 9520 HIGHLAND AVE E Knyllerer **TAMPA FL 33612** TAMPA 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. 7-28-04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME GUERRA, RICHARD H NAME 315. E Knoll vood TAMPA FL 33604 STREET ADDRESS 9520 HIGHLAND AVE STREET ADDRESS TAMPA FL 33612 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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

FILED

7-28-04 813-32-386 OR 913-545-9105