2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 12, 2005 8:00 am Secretary of State DOCUMENT # P03000141443 1. Entity Name 09-12-2005 90002 043 ***150.00 RICK'S HARDWOOD FLOORING, INC. Principal Place of Business Mailing Address 315 E KNOLWOOD HOUSE 315 E KNOLWOOD **TAMPA FL 33604** TAMPA FL 33604 3. Mailing Address 2. Principal Place of Business 704 Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) City & State City & State 4. FEI Number Applied For 20-0392008 Ampa Ampa Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUERRA, RICHARD H O. Box Number is Not Acceptable) 315 E KNOLWOOD TAMPA FL 33604 + AMDA 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 agen SIGNATURE (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 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 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. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Richard Coerra TITLE ☐ Delete TITLE Change ☐ Addition GUERRA, RICHARD H MAME NAME 315 E KNOLWOOD STREET ADDRESS STREET ADDRESS TAMPA FL 33604 CITY-ST-719 CITY-ST-7(P TITLE ☐ Delete Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-4-05 (8/3) 3942666

Date

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Date

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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.