


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000141985

1. Entity Name
K B WOOD FLOORS, INC.



Principal Place of Business
6588 SW 60 CT
OCALA, FL 34474

Mailing Address
6588 SW 60 CT
OCALA, FL 34474

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0454312 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRAFFORD, KEVIN A
6588 SW 60 CT
OCALA, FL 34474

DO NOT WRITE 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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAFFORD, KEVIN A
STREET ADDRESS	6588 SW 60 CT
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/06/05-80005-010 150.00

DO NOT WRITE 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: Kevin Brafford **KEVIN BRAFFORD** 6/30/05 (352)873-7265
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #