## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P03000141985 K B WOOD FLOORS, INC. Principal Place of Business Mailing Address 6588 SW 60 CT 6588 SW 60 CT OCALA FL 34474 OCALA, FL 34474 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0454312 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRAFFORD, KEVIN A DO NOT WRITE 6588 SW 60 CT **OCALA, FL 34474** 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 lamillar with, and accept SIGNATURE\_\_\_\_\_Signature, typed or printed name of registered agent and the it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS TITLE NAME BRAFFORD, KEVIN A STREET ACORESS 6588 SW 60 CT CITY-ST-ZIP OCALA, FL 34474 000000498222 04/22/06-80086-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE SMAN STREET ADDRESS DO NOT WRITE CATY-ST-ZP MLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

KEVIN BRAFFORD

SIGNATURE AND TYPED OR PROVIDED MANE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

**FILED**