## FILED Jun 04, 2004 8:00 am Secretary of State 06-04-2004 90001 043 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

500

DOCUMENT # P03000148796  1. Entity Name PRECISION HARDWOOD FLOORS, INC.													
Principal Place of Business 250 S.E. 73RD TERRACE GAINESVILLE, FL 32641				Mailing Address 250 S.E. 73RD TERRACE GAINESVILLE, FL 32641				54056608					
2. Principal Place of Business 3. Mailing Addr					g Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02042004	Chg-P	CR2E	034 (10/03)		
City & State				City & State			4. FEI Numb	er 469-1-5	3		plied For t'Applicable*		
Zip	Country			Zip Coun		ntry	Certificate of Status Desire     Name and Address of Ner				Fee Required		
	6. Nam	e and Address of Cu	rrent Regis	tered Agent		Name		7. Name and	Address of N	ew Registered	Agent		
BUTTS, ROBERT P ESQ 5203 S.W. 91ST TERRACE, SUITE D GAINESVILLE, FL 32608							t Address (P.O. Box Number is Not Acceptable)						
E .	į					City				FI	Zip Code	9	
the obligat	Signature, type	stered agent.	d agent and title	if applicable. (NO)  9. Election Campa	TE: Registere	ed Agent signaturs	Pequired		oth, in the State	of Florida. I am	familiar with,	and accept	
After Ma	e NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$5	550.00	Trust Fund Con	tribution.			ed to Fees					
10.	D	OFFICERS	AND DIREC		11.	$\overline{}$		ADDITIONS	/CHANGES TO	OFFICERS AN			
TITLE NAME STREET ADDRESS GITY+ST-ZIP	HUGHES 250 S.E.	5, JOHNATHAN 73RD TERRACE VILLE, FL 32641		☐ Delete							□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	·				Þ		☐ Change	Addition	
TITLE			. •	☐ Defete	TITL	É					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	,				1	EET ADDRESS (- ST-ZIP				<u> </u>			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	. "			☐ Delete							☐ Change	Addition	
TITLE NAME			` .	☐ Delete	TITL NAM	E	<u>-</u>		·		Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADORESS (-ST-ZIP			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i		•	☐ Defete			تمم	, -		`,	☐ Change	Addition	
indicated	on this reproperation or or an ai	ort or supplemental re the receiver or trustee tachment with an add	port is true empowere ress, with a	iling does not qualify for and accurate and that do execute this report of the like employees of the like empl	my signa t as requ d.	ature shall had ired by Chap	ive the s pter 607	ame legal effa	ect as if made un es; and that my	nder nath: that I	am an officer	or director	