

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000150443

1. Entity Name
NOWAK'S WOOD FLOORING, INC.



Principal Place of Business
6005 N WICKHAM RD
MELBOURNE, FL 32940

Mailing Address
121 HWY A1A
SATELLITE BCH, FL 32937

FILED

05 SEP 19 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292005 No Chg-P CR2E034 (10/03)

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4. FEI Number
34-1986387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOWAK, SANDRA
121 HWY A1A
SATELLITE BCH, FL 32937

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	NOWAK, SANDRA
STREET ADDRESS	121 HWY A1A
CITY-ST-ZIP	SATELLITE BCH, FL 32937
TITLE	V
NAME	NOWAK, SCOTT
STREET ADDRESS	2940 PEBBLE CREEK
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100059748281
09/19/05--01058--003 **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: Sandra Nowak SANDRA NOWAK 9/9/05 321-779-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #