

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 038 ***150.00

DOCUMENT # P04000073991

1. Entity Name

NOCATEE WOOD FLOORING, INC.



Principal Place of Business

**11323-4 PHILIPS PKWY. EAST
JACKSONVILLE FL 32256**

Mailing Address

**11323-4 PHILIPS PKWY. EAST
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1093365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARRARD, JAY
6828 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Andrew A. Verhovec - Vice President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARCH 28, 2005

DATE

**FILE NOW!!! FEE IS \$150.00,
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VERHOVEC, ANDREW A	
STREET ADDRESS	1136 RAVENCROFT LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	V	<input type="checkbox"/> Delete
NAME	VERHOVEC, ANDREW A SR.	
STREET ADDRESS	1136 RAVENCROFT LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, ADEL TRAM J	
STREET ADDRESS	1136 RAVENCROFT LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Andrew A. Verhovec - Vice President - Andrew A. Verhovec* 3/28/05 904-813-4212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #