


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90085 001 ***150.00
08-02-2005 90085 002 *****8.75

DOCUMENT # P04000096851	
1. Entity Name WFBC FLOORING, INC.	

Principal Place of Business 10650 W. SAMPLE ROAD CORAL SPRINGS FL 33065	Mailing Address 10650 W. SAMPLE ROAD CORAL SPRINGS FL 33065
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2. Principal Place of Business 10650 w Sample RD	3. Mailing Address 10650 w Sample RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Employer ID No. 201289665
2nd MOORE CR2E034 (5/05)

City & State Coral Springs FL	City & State Coral Springs
Zip 33065	Country FL

4. FEI Number 077-64-8987	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SMITH, WILFRED 10650 W SAMPLE ROAD CORAL SPRINGS FL 33065	
7. Name and Address of New Registered Agent Name Wilfred F Smith Street Address (P.O. Box Number is Not Acceptable) 10650 w Sample RD City Coral Springs FL Zip Code 33065	

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	DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, WILFRED 10650 W. SAMPLE ROAD CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP maria c smith 10650 w Sample RD Coral Springs FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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