

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 024 ***150.00

DOCUMENT # P05000070147					
1. Entity Name MAREK WOOD FLOORS INC					
Principal Place of Business 2260 STICKNEY POINT RD - UNIT 305 SARASOTA, FL 34231-4040			Mailing Address 2260 STICKNEY POINT RD - UNIT 305 SARASOTA, FL 34231-4040		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 4140 CENTRAL SARASOTA PKWY # 1218		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State		4. FEI Number 51-0473243	
Zip 34238		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAREK, JAROSLAV 2260 STICKNEY POINT RD - UNIT 305 SARASOTA, FL 34231			7. Name and Address of New Registered Agent 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: <i>Jaroslav Murek</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MAREK, JAROSLAV STREET ADDRESS 2260 STICKNEY POINT RD - UNIT 305 CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE MAREK JAROSLAV NAME 4140 CENTRAL SARASOTA PKWY # 1218 STREET ADDRESS SARASOTA, FL 34238 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SOPIAK, LADISLAV STREET ADDRESS 2260 STICKNEY POINT RD, UNIT 305 CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" 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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Jaroslav Murek</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-18-2008 <small>Date Daytime Phone #</small>		

40051403



03182008 Chg-P CR2E034 (12/06)