


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000083590 1. Entity Name MENCO CUSTOM WOOD FLOORS, INC.	
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Principal Place of Business 3200 N. FEDERAL HWY. SUITE 102 BOCA RATON, FL 33431	Mailing Address C/O R. KIX 19635 STATE ROAD 7, STE. 42 BOCA RATON, FL 33498
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0453090	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MENNONA, MARK F
3200 N. FEDERAL HWY.
SUITE 102
BOCA RATON, FL 33431

**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

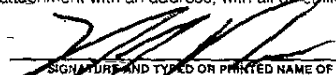
TITLE	D
NAME	MENNONA, MARK F
STREET ADDRESS	3200 N. FEDERAL HWY., SUITE 102
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

 **MARK MENNONA**

4/4/05

02826A0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #