2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P97000025425 1. Entity Name ED'S CUSTOM WOOD FLOORING INC.				Secretary of Stat
Principal Place 12103 N 16 JUPITER, FL	этн ст	lailing Address 12103 N 169TH CT UPITER, FL 33478		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				02032005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0740312 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
HANSEN, 12103 N. JUPITER,	EDMUND 169TH CT			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 renstatory) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D HANSEN, EDMUND 12103 N 169TH COURT JUPITER, FL 33478	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <u> </u>		000000286309 04/04/05-80025-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devision Proper				

Dale

Daytime Phone #