

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 615278

1. Entity Name  
FINLAYSON-STRIPLING, INC.



**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

300 S ORANGE AVE  
STE 1000  
ORLANDO, FL 32801

Mailing Address

300 S ORANGE AVE  
STE 1000  
ORLANDO, FL 32801



07312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1903508

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO  
300 S. ORANGE AVE.  
SUITE 1000 (JGH)  
ORLANDO, FL 32801

**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.

U00000957387  
08/08/08-80006-023 150.00

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
FINLAYSON, SARENA S  
4335 CYPRESS PLACE  
OAKWOOD, GA 305662154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPTD  
FINLAYSON, PAMELA M  
2556 CLEAR CREEK RD.  
MARION, NC 28752

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CARDO, DOROTHY F  
1114 CHEDDINGTON DR  
CHARLOTTE, NC 28211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FINLAYSON, EDWIN J  
3120 NW 10TH PL  
GAINESVILLE, FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-08

Date

770-718-0292

Daytime Phone #