

**2006 FOR PROFIT CORPORATION*
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000005277

1. Entity Name
FINE FINISHES OF ALACHUA COUNTY, INC.



Principal Place of Business
25816 SW 1ST AVENUE
NEWBERRY, FL 32669

Mailing Address
P.O. BOX 312
NEWBERRY, FL 32669



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2121024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SENSION, ANDREW C JR
25816 SW 1ST AVENUE
NEWBERRY, FL 32669

**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: *A.C. Sension Jr.* *4/28/06*
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UN00001552742
05/15/06-80020-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENSION, ANDREW C JR. P.O. BOX 312 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENSION, ANDREW C JR. P.O. BOX 312 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SENSION, ANDREW C JR. P.O. BOX 312 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SENSION, ANDREW C JR. P.O. BOX 312 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *A.C. Sension Jr.* *4/28/06* *352-214-1664*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #