

FROM : NOCC

PHONE NO. : 5613937275

Jun. 30 2004 11:17PM P4

FILED
Jul 06, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000035503 1. Entity Name FINE ARCHITECTURAL MILLWORK & SHUTTERS, INC.	
---	---

Principal Place of Business 800 NW 57TH PLACE FORT LAUDERDALE, FL 33309 US	Mailing Address 800 NW 57TH PLACE FORT LAUDERDALE, FL 33309 US
---	---



06302004 No Chg-P CR2E034 (1Q/03)

4. FBT Number 65-0761169	Applied For ☐ Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SVOPA, RICHARD T JR.
800 NW 57TH PLACE
FORT LAUDERDALE, FL 33309

**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's signature required when returning)

DATE

U000000163179
07/06/04-800003-003 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	D SVOPA, RICHARD T JR. 800 NW 57TH PLACE FORT LAUDERDALE, FL 33309
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

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 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: *Richard T. Svopa*
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR

6/29/04

Date

Daytime Phone #