


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 506641 1. Entity Name FIN, FURS N' FEATHERS, INC.					
Principal Place of Business 1975 NORTH FEDERAL HWY. BOCA RATON FL 33432			Mailing Address 1975 NORTH FEDERAL HWY. BOCA RATON FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1675991 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent BROYLES, DEBORAH H 1975 N. FED. HWY. BOCA RATON FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDS BROYLES, DEBORAH H 2176 NE THIRD AVE BOCA RATON FL 33431		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	0000000005362 01/31/05-80086-011 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPTD HOLLAND, LISA A 3436 OLD GERMANTOWN ROAD DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
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			1/26/05 561 391-5858 Date Daytime Phone #		