## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #F71828**

FINISH HARDWARE SERVICE INC.



FILED Feb 23, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

% H. V. BROWN

BO71 S.W. 20TH PLACE DAVIE, FL 33324

Mailing Address

% H. V. BROWN 8071 S.W. 20TH PLACE DAVIE, FL 33324



## DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2179981

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, H. V. 8071 S.W. 20TH PLACE

## DO NOT WRITE

DAVIE, FL	AVIE, FL 33324			IN THIS SPACE			
	named entity submits this statement for the plons of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acc	व्यव	
SIGNATURE	Signature, typed or printed name of registered agent and title	K epolicable. (NOTE: Registered	Agent signature	saquired when minetaling)	DATE		
FIL After Ma	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	U000000444248	-	
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BROWN, H V 8071 S.W. 20TH PLACE DAVIE, FL D	CTORS			<del>! 83,466,436-98844-828-158,68</del>		
NAME STREET ADDRESS CITY-ST-ZIP	LA RENE, DEBRA S. 4087 FOREST HILLS DRIVE COOPER CITY, FL 33026						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRA, JANICE 8109 NW 93 AVE. TAMARAC, FL 33321			DO	NOT WRITE		
TITLE NAME STREET ADDRESS			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 cath; 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:

CITY-ST-ZIP TOTAL MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP

ANSWELDE HV Brown
SHATURE AND TYPED OR PRINTED HAME OF SIGHTNO OFFICER ON DIRECTOR

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