

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F82597

1. Entity Name
FINZER ROLLER OF FLORIDA, INC.



Principal Place of Business
**2580 OLD COMBEE ROAD
LAKELAND, FL 33805**

Mailing Address
**129 RAWLS ROAD
DES PLAINES, IL 60018-1329**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2192223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Elect
Trust

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**VPD
FINZER, JOHN O., III
129 RAWLS ROAD
DES PLAINES, IL 600181328**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**PD
RYAN, THOMAS E III
129 RAWLS ROAD
DES PLAINES, IL 600181328**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**SD
FINZER, CHRISTINE E
129 RAWLS ROAD
DES PLAINES, IL 600181328**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
FINZER, MARTIN B
129 RAWLS ROAD
DES PLAINES, IL 600181328**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
FINZER, DAVID M
129 RAWLS ROAD
DES PLAINES, IL 600181328**

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: J.E. Ryan, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05 847.390.6200
Date Daytime Phone #