

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000696

Entity Name: SPECIALTY FINISHES, INC.

FILED  
Feb 02, 2005  
Secretary of State

**Current Principal Place of Business:**

1545 MARIETTA BOULEVARD N W  
ATLANTA, GA 30318 US

**New Principal Place of Business:**

**Current Mailing Address:**

1545 MARIETTA BOULEVARD N W  
ATLANTA, GA 30318 US

**New Mailing Address:**

FEI Number: 58-1503573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WOMACK, JAMES A III  
Address: 126 GREENVILLE STREET  
City-St-Zip: NEWNAN, GA 30263

Title: VSD ( ) Delete  
Name: MATHISON, TERRY E  
Address: 605 MANOR RIDGE DR  
City-St-Zip: ATLANTA, GA 30305

Title: VD ( ) Delete  
Name: LYERLA, J. CHRIS  
Address: 931 CASS PINE LOG RD  
City-St-Zip: RYDAL, GA 30171

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. WOMACK, III

PD

02/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date