

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90044 013 ***150.00

DOCUMENT # F98000005163

1. Entity Name
FINLAY PROPERTIES, INC.



Principal Place of Business
4300 MARSH LANDING BLVD
SUITE 101
JACKSONVILLE BEACH, FL 32250

Mailing Address
4300 MARSH LANDING BLVD
SUITE 101
JACKSONVILLE BEACH, FL 32250

40041024



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0464614

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

FINLAY HOLDINGS, INC.
4300 MARSH LANDING BLVD
SUITE 101
JACKSONVILLE BEACH, FL 32250

**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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPST
FINLAY, CHRISTOPHER C
8601 BEACH BLVD # 107
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ROBBINS, CHARLES D
4300 MARSH LANDING BLVD 101
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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 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

Date

Daytime Phone #

Kellie Hendricks Cap. Sec

904-694-1031