

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H13865

1. Entity Name
FIN GROUP, INC.



FILED
05 JUL 15 AM 10:17

SECRET
TALLAHASSEE



Principal Place of Business
10501 SIX MILE CYPRESS PKY
SUITE 107
FT. MYERS, FL 33912-6400 US

Mailing Address
10501 SIX MILE CYPRESS PKY
SUITE 107
FT. MYERS, FL 33912-6400 US

2. Principal Place of Business

6950 OVERLOOK Drive

3. Mailing Address

6950 OVERLOOK Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122005

Chg-P

CR2E034 (10/03)

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

59-2429601

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33919

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STATES, JOHN E
10501 SIX MILE CYPRESS PKWY
SUITE 107
FT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

JOHN E. STATES

Street Address (P.O. Box Number is Not Acceptable)

6950 OVERLOOK DRIVE

City

Ft. Myers

FL

Zip Code

33919

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

JOHN E. STATES

JOHN E. STATES

7/12/05

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME STATES, JOHN E.
STREET ADDRESS 10501 SIX MILE CYPRESS PKY, #107
CITY-ST-ZIP FORT MYERS, FL

TITLE P ☒ Delete
NAME DAWSON, TERRI
STREET ADDRESS 10501 SIX MILE CYPRESS PKY, #107
CITY-ST-ZIP FORT MYERS, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, S, T, D, C ☒ Change ☒ Addition
NAME JOHN STATES
STREET ADDRESS 6950 OVERLOOK DRIVE
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE V, D ☐ Change ☒ Addition
NAME DIANE STATES
STREET ADDRESS 6950 OVERLOOK DRIVE
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE 700057789 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 07/22/05--01031--002 ***0.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOHN E. STATES

JOHN E. STATES

7/12/05

239-482-7458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #