


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90004 007 ***150.00

DOCUMENT # H56877	
1. Entity Name FINISH TRADES, INC.	

Principal Place of Business 17386 66TH ST. LIVE OAK, FL 32060	Mailing Address 17386 66TH ST. LIVE OAK, FL 32060
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34055806



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05112004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
BROWN, JOANN 17386 66TH ST LIVE OAK, FL 32060	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD BROWN, JOANN 17386 66TH ST. LIVE OAK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VD BROWN, JOHN (JACK) 17386 66TH ST. LIVE OAK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joann Brown* *Joann Brown President* *5/18/04* *386 360-6250*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*attachment**524055806*www.sunbiz.org

Division of Corporations

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Business Entity Name

FINISH TRADES, INC.

FEI Number

592536037

FEI Number Status

☐

Applied For

☐

Not Applicable

☒

Current

Certificate of Status Desired

☐

Yes

☒

No

\$8.75 each

Principal Place of Business

Address

17386 66TH ST.

Suite, Apt. #, etc.

City, State

LIVE OAK

FL

Zip Code & Country

32060

Mailing Address

Address

17386 66TH ST.

Suite, Apt. #, etc.

City, State

LIVE OAK

FL

Zip Code & Country

32060

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BROWN

JOANN

-or- RA Business Name

Address

17386 66TH ST

Suite, Apt. #, etc.

City, State

LIVE OAK

FL

Zip Code & Country

32060

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Joann Brown

Continue

Reset



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54055806

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Document Number

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Business Entity Name

FINISH TRADES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	PSD
Name (Last, First, Middle, Title)	BROWN JOANN
-or- Entity Name	
Street Address	17386 66TH ST.
City, State	LIVE OAK FL
Zip Code & Country	

Title	VD
Name (Last, First, Middle, Title)	BROWN JOHN (JACK)
-or- Entity Name	
Street Address	17386 66TH ST.
City, State	LIVE OAK FL
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Attachment

54057806

#H56877

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PSD

Officer/Director Signature

Joann Brown

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