

**FOR PROFIT
ANNUAL REPORT (AR)**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90026 008 ***150.00

DOCUMENT # L04000088069

1. Entity Name

FINN PROPERTIES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 5th Street N

3. Mailing Address

1401 5th Street N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33704

Country

U.S.A.

Zip

33704

Country

U.S.A.

4. FEI Number

52-2447128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel Finn

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

1401 5th Street N

City

St. Petersburg

FL

Zip Code
33704

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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
Daniel Finn - Managing Member
1401 5th Street N
St. Petersburg, FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Patricia Finn - Managing Member
1401 5th Street N
St. Petersburg, FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

4/24/08

727-823-4177