

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96205

Entity Name: INKY FINGERS, INC.

FILED  
Jan 13, 2005  
Secretary of State

**Current Principal Place of Business:**

2752 PARK ST  
JACKSONVILLE, FL 322057608 US

**New Principal Place of Business:**

**Current Mailing Address:**

2752 PARK ST  
JACKSONVILLE, FL 322057608 US

**New Mailing Address:**

FEI Number: 59-3043029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUSSELL, MELISSA  
2629 ALGONQUIN AVE  
JACKSONVILLE, FL 32210 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: P ( ) Delete  
Name: MADISON, RANDALL  
Address: 2629 ALGONQUIN AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete  
Name: RUSSELL, MELISSA  
Address: 2629 ALGONQUIN AVE  
City-St-Zip: JACKSONVILLE, FL 32210

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

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: MELISSA RUSSELL

VP

01/13/2005

Electronic Signature of Signing Officer or Director

Date