

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009269

FILED  
Apr 11, 2010  
Secretary of State

**Entity Name:** AUTHOR & FINISHER INTERNATIONAL INC.

**Current Principal Place of Business:**

6161 WILLIAMS RD.  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5034  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 20-5484999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARDIS, MARY R  
6161 WILLIAMS RD.  
TALLAHASSEE, FL 32311 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

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: ARDIS, HENERY  
Address: PO BOX 5034  
City-St-Zip: TALLAHASSEE, FL 32314

Title: PED  
Name: ARDIS, MARY  
Address: PO BOX 5034  
City-St-Zip: TALLAHASSEE, FL 32314

Title: RSD  
Name: SMITH, GENIE  
Address: P.O. BOX 5034  
City-St-Zip: TALLAHASSEE, FL 32314

Title: TDD  
Name: NEWBON, PRISCILLA  
Address: PO BOX 5034  
City-St-Zip: TALLAHASSEE, FL 32314

Title: VPD  
Name: SMITH, LEE  
Address: P.O. BOX 5034  
City-St-Zip: TALLAHASSEE, FL 32314

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY ARDIS

PED

04/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date