

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000063416

1. Entity Name
FINISHING TOUCHES OF LAKE PLACID, INC.



Principal Place of Business
122 DAL HALL BLVD
LAKE PLACID, FL 33852

Mailing Address
122 DAL HALL BLVD
LAKE PLACID, FL 33852



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1022426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRILLWITZ, PATRICIA D
122 DAL HALL BLVD
LAKE PLACID, FL 33852

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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 *Patricia D. Prillwitz*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

7-15-04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRILLWITZ, PATRICIA D
STREET ADDRESS	122 DAL HALL BLVD
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	ELLERBEE, M. ARLEN
STREET ADDRESS	122 DAL HALL BLVD
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/19/04-800016-010 150.00

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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)(f), 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: *Patricia D. Prillwitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04
Date

Daytime Phone