


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90017 044 ***558.75

DOCUMENT # P00000063416		
1. Entity Name FINISHING TOUCHES OF LAKE PLACID, INC.		

Principal Place of Business 122 DAL HALL BLVD 900 Hillcrest Ave LAKE PLACID FL 33852	Mailing Address 122 DAL HALL BLVD 900 Hillcrest Ave LAKE PLACID FL 33852
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2. Principal Place of Business 900 Hillcrest Avenue	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Lake Placid, FL	City & State
Zip 33852	Country Highlands

4. FEI Number 65-1022426	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRILLWITZ, PATRICIA D 122 DAL HALL BLVD 900 Hillcrest Ave LAKE PLACID FL 33852 <i>Patricia Prillwitz</i>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Patricia Prillwitz</i> DATE 5/22/06	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 D PRILLWITZ, PATRICIA D 122 DAL HALL BLVD 900 Hillcrest Ave LAKE PLACID FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ELLERBEE, M. ARLEN 122 DAL HALL BLVD 900 Hillcrest Ave LAKE PLACID FL 33852
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
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 exemptions contained in Section 119, 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.	
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SIGNATURE: <i>Patricia Prillwitz</i> DATE 5/22/06 DAYTIME PHONE # 863-465-6612
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