

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000069274 1. Entity Name TENANT FINISHES, INC.	
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Principal Place of Business 1232 ORTON STREET JACKSONVILLE, FL 32205-6322	Mailing Address 1232 ORTON STREET JACKSONVILLE, FL 32205-6322
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3012246	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CRABTREE, R.R. ESQ
8777 SAN JOSE BLDV., BLDG STE 200
JACKSONVILLE, FL 32217**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

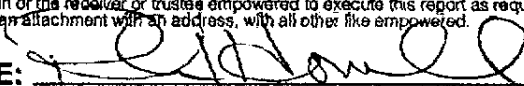
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HOWELL, GERALD K 1232 ORTON STREET JACKSONVILLE, FL 322056322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'DONOGHUE, JOYOUS 1232 ORTON STREET JACKSONVILLE, FL 322056322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWELL, RHONDA J 1232 ORTON STREET JACKSONVILLE, FL 322056322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000443651
03/06/06-00020-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:  **2-21-06 04786-8735**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #