

# 2007 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000069274**

1. Entity Name  
**TENANT FINISHES, INC.**



Principal Place of Business  
**1232 ORTON STREET  
JACKSONVILLE, FL 32205-6322**

Mailing Address  
**1232 ORTON STREET  
JACKSONVILLE, FL 32205-6322**



07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
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)

**U00000766818**  
**07/03/07-80002-009 150.00**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD 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	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2-07 904-786-8735**  
Date Daytime Phone #