

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90015 049 \*\*\*150.00

**DOCUMENT # P01000008049**

1. Entity Name

A.F.T. FINISHING SYSTEMS, INC.



Principal Place of Business

1919 NW 19TH ST  
3D  
LAUDERDALE LAKES FL 33311

Mailing Address

2900 NW 28TH STREET BUILDING 10  
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3. Mailing Address

1919 N.W. 19th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg #304

City & State

City & State

FT. Lauderdale, FL.

Zip

Country

Zip

Country

33311

U.S.A.



MOORE

CR2E034 (4/04)

4. FEI Number 80-0022784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOOD, JACK  
1919 NW 19TH ST.  
FT LAUDERDALE FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

NAFHE K. FLOOD (Secretary)

*[Signature]*

7/30/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME FLOOD, JACK  
STREET ADDRESS 1919 NW 19TH ST.  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DSV ☐ Delete  
NAME FLOOD, NAFHE K  
STREET ADDRESS 1919 NW 19TH ST.  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

NAFHE K. FLOOD

7/30/04

954-764-0780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #