


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000068509 1. Entity Name FINISH CONSULTANTS, INC.					
Principal Place of Business 109 W LAKE FAITH DRIVE MAITLAND FL 32751		Mailing Address PO BOX 940914 MAITLAND FL 32794			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIFFLE, JAMES B 4836 BRENDA DRIVE ORLANDO FL 32812				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3731078** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 <input type="checkbox"/> Delete	NAME	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		RIFFLE, JAMES B				U00000345100	
STREET ADDRESS		4836 BRENDA DRIVE		STREET ADDRESS		04/30/05-80023-008	150.00
CITY-ST-ZIP		ORLANDO FL 32812		CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	NAME	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		HENDERSON, SARA C		NAME			
STREET ADDRESS		109 W LAKE FAITH DRIVE		STREET ADDRESS			
CITY-ST-ZIP		MAITLAND FL 32751		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME	NAME	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 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: *James B. Riffle, President* 4/27/05 (407) 539-2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #