

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90228 003 ***150.00

DOCUMENT # P02000020018

1. Entity Name
FINNLAUNDER, INC.



Principal Place of Business
1446 HWY 41 N
INVERNESS, FL 34450

Mailing Address
1446 HWY 41 N
INVERNESS, FL 34450

24070398



DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0603106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DIBBLES, ALBERT C~~ Wanda L. Oman owner/
1113 TURNER CAMP RD. 1446 Hwy 41 N operator
INVERNESS, FL ~~34453~~ 34450

**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 Wanda L. Oman

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

(NOTE: Registered Agent signature required when reinstating)

4/28/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DARIO, DAVID 1113 TURNER CAMP RD. INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OMAN, WANDA 1113 TURNER CAMP RD. 1446 Hwy 41 N INVERNESS, FL 34453 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DARIO, BARBARA 1113 TURNER CAMP RD. INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIBBLES, ALBERT C 1113 TURNER CAMP RD. INVERNESS, FL 34453
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 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: Wanda L. Oman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 8352-637
Date Daytime Phone # 0418