

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074338

1. Entity Name

START 2 FINISH BUILDERS, INC.



Principal Place of Business

4621 BARCLAY LANE
TALLAHASSEE, FL 32309

Mailing Address

4621 BARCLAY LANE
TALLAHASSEE, FL 32309

FILED

04 SEP -8 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09082004

No Chg-P

CR2E034 (10/03)

MRS

4. FEI Number

50-0004320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEDEON, DAVID
4621 BARCLAY LANE
TALLAHASSEE, FL 32309

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)

DATE

800041129858

09/17/04--01082--007 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	P GEDEON, DAVID 4621 BARCLAY LANE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEDEON, TAMARA 4621 BARCLAY LANE TALLAHASSEE, FL 32309
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-04