

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90095 037 \*\*\*150.00

**DOCUMENT # P03000023514**

1. Entity Name  
**THE FINN TEAM REALTY, INC.**



Principal Place of Business  
**12270 COCONUT CREEK CT.  
 FORT MYERS, FL 33908 US**

Mailing Address  
**12270 COCONUT CREEK CT.  
 FORT MYERS, FL 33908 US**

66014440



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

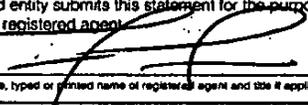
4. FEI Number <b>65-0557177</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**TERRY, MICHAEL  
 12270 COCONUT CREEK CT.  
 FORT MYERS, FL 33908**

**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 re-registering)

DATE: **3/11/05**

**FILE NOW!!! FEB IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

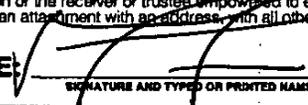
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST FINN, MATT 12270 COCONUT CREEK CT. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINN, FIONA 12270 COCONUT CREEK CT. FORT MYERS, FL 33908
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

**FIONA FINN**

**4/18/05 (239)691-7209**  
Date Daytime Phone #