
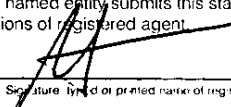
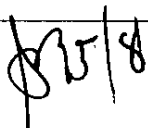
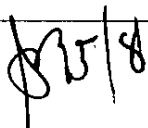
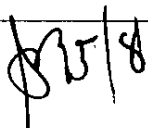
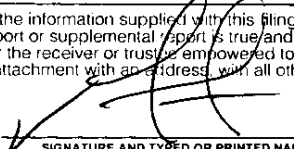


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box # <i>COMMERCE</i> 9701 COMMERCE CENTER CT			3. Mailing Address CENTER CT		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FT MYERS FL			City & State		
Zip 33908		Country USA		4. FEI Number 65-0557177	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRY, MICHAEL 12270 COCONUT CREEK CT. FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature typed or printed name of registered agent and the following (NOTE: Registered Agent signature required when resigning) DATE </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<div style="text-align: center;"> 300103009879 05/22/07--01021--003 **300.00 </div>	
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	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">  </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">  </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">  </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-20-07 Daytime Phone # </div>					

FILED
07 APR 30 AM 10:01
TALLAHASSEE, FLORIDA



04162007 Chg-P CR2E034 (12/06)