

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90004 019 \*\*\*550.00

<b>DOCUMENT # P03000023514</b>			
<b>1. Entity Name</b> THE FINN TEAM REALTY, INC.			
<b>Principal Place of Business</b> 9701 COMMERCE CENTER CT FORT MYERS, FL 33908 US		<b>Mailing Address</b> 9701 COMMERCE CENTER CT FORT MYERS, FL 33908 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 12270 Coconut Creek Ct Suite, Apt. #, etc. <i>ct</i> City & State <i>Fort Myers</i> Zip <i>33908</i> Country <i>USA</i>		<b>3. Mailing Address</b> 12270 Coconut Creek Ct Suite, Apt. #, etc. <i>ct</i> City & State <i>Fort Myers</i> Zip <i>33908</i> Country <i>USA</i>	
<b>4. FEI Number</b> 65-0557177		Chg-P CR2E034 (12/06) <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> TERRY, MICHAEL 12270 COCONUT CREEK CT. FORT MYERS, FL 33908		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE _____ NAME FINN, FIONA STREET ADDRESS 12270 COCONUT CREEK CT. CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> _____		FIONA FINN 7/18/08 239.691.7209	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	