


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-26-2004 90999 002 ***150.00

DOCUMENT # P03000044707	
1. Entity Name FINAL, INC.	

Principal Place of Business 10 LINDA ROAD BUCK HEAD RIDGE OKEECHOBEE FL 34974	Mailing Address 10 LINDA ROAD BUCK HEAD RIDGE OKEECHOBEE FL 34974
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CASSELS, JOHN D JR. 400 NORTHWEST 2ND STREET OKEECHOBEE FL 34972		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Richard F. Osborn* DATE 4-7-04
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME OSBORN, RICHARD F STREET ADDRESS 10 LINDA ROAD, BHR CITY-ST-ZIP OKEECHOBEE FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME DOTSON, CHARLES J STREET ADDRESS 230 DIRGO STREET CITY-ST-ZIP BMLAY CITY, MI 48444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME COPP, MARJORIE E STREET ADDRESS 10 LINDA ROAD, BHR CITY-ST-ZIP OKEECHOBEE FL 34974	<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

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: *Richard F. Osborn* DATE 4-7-04 863-467-4726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 269 657 3496

Attachment 66426316

May 27, 2004

Florida Dept. of State
Department of Corp.
P. O. Box 6327
Tallahassee FL 32314

Subject Final Inc.
Ref: No. PO 300004707

Dear Sir,

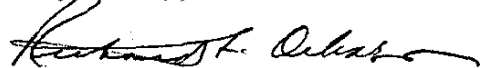
Sorry for the error in Box 4 of the SS4 Annual Report, now corrected. However, in reading this document more thoroughly, I realized I signed my name in Block 6, changing the Registered Agent from my attorney, John Cassels, Jr. to my name as Registered Agent, which I did not intend to do.

Please let this letter clarify that I wish to have Mr. Cassels as the Registered Agent of Final Inc.

Hopefully, this letter will correct the errors I made.

Thank you for forgoing the late fee for my not being more efficient in this matter.

Respectfully,



Richard F. Osborn, Pres. Final Inc.

Summer address: 66325 Austrain Ln, Sturgis, MI. Phone 1-269-651-3496
49091