


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90231 001 \*\*\*150.00  
03-23-2005 90231 002 \*\*\*\*\*8.75

<b>DOCUMENT # P03000074199</b> 1. Entity Name <b>THE FINAL TOUCH, INC.</b>	
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Principal Place of Business <b>1730 SHEARWATER PT #102 CASSELBERRY, FL 32707</b>	Mailing Address <b>1730 SHEARWATER PT #102 CASSELBERRY, FL 32707</b>
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**DO NOT WRITE IN THIS SPACE**

03142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**05-0582682**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**BAKER, MICHAEL K  
8064 CLOVERGLEN CIR  
ORLANDO, FL 32818-8212**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRFOOT, NELSON J 1730 SHEARWATER PT #102 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAIRFOOT, BRIAN 1730 SHEARWATER PT 102 CASSELBERRY, FL 32707
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**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 #