

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000121749

1. Entity Name

AUTHOR & FINISHER INT'L INC.



FILED

04 APR 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

PO BOX 5034
TALLAHASSEE FL 32314

Mailing Address

PO BOX 5034
TALLAHASSEE FL 32314

2. Principal Place of Business

2750 OLD ST. Augustine

Suite, Apt. #, etc.

G67

3. Mailing Address

P.O. Box 5034

Suite, Apt. #, etc.

N/A

City & State

Tallahassee, Fla.

Zip

32301

Country

U.S.A.

City & State

Tallahassee, Fla.

Zip

32314

Country

U.S.A.

4. FEI Number

84-1634694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARDIS, MARY C.R.
2750 OLD ST AUGUSTINE RD G67
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

KH

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
President	MARY C. ARDIS	2750 OLD ST. AUGUSTINE RD	Tallahassee, FL 32301 G67	
Vice-President	Henry ARDIS	2750 OLD ST. AUGUSTINE RD	Tallahassee, FL 32301	
Secretary	ARDIS, DeZmond Doron	2750 OLD ST. AUGUSTINE RD	Tallahassee, FL 32301	
Treasurer	ARDIS, Dominick J.	2750 OLD ST. AUGUSTINE RD.	Tallahassee, FL 32301 G67	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		200036199452	05/12/04--01051--015 **150.00		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

MARY C. R. ARDIS Mary C. R. Ardis

29 Apr 2004 (800) 942-2723