

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121749

Entity Name: AUTHOR & FINISHER INT'L INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

2750 OLD ST. AUGUSTINE RD., G-67  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5034  
TALLAHASSEE, FL 32314

## New Mailing Address:

FEI Number: 84-1634694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARDIS, MARY C R  
Address: 2750 OLD ST. AUGUSTINE RD., G-67  
City-St-Zip: TALLAHASSEE, FL 32301

Title: V ( ) Delete  
Name: ARDIS, HENERY  
Address: 2750 OLD ST. AUGUSTINE RD., G-67  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S ( ) Delete  
Name: ARDIS, DEZMOND DORON  
Address: 2750 OLD ST. AUGUSTINE RD., G-67  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: ARDIS, DOMINICK J  
Address: 2750 OLD ST. AUGUSTINE RD., G-67  
City-St-Zip: TALLAHASSEE, FL 32301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C.R. ARDIS

PRES

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date