## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

ANI	TOAL REPORT	
DOCUMENT # P03000123186  1. Entity Name THE FINISH MAN, INC.		
Principal Place of Business	Mailing Address	
1405 CALHOUN AVE Panama City, FL 32401	1405 CALHOUN AVE Panama City, Fl. 32401	

do not write in this space	DO	NOT	WRITE	IN	THIS	SPACE
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6. Name and Address of Current Registered Agent

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number	 Applied For
35-2217952	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

HOLLEY, STEPHEN 1405 CALHOUN AVE PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

<ol><li>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.</li></ol>						
SIGNATURE.	Signature, typed or printed name of registered agant and title	if applicable. (NOTE:	Registered Agent	aignature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLEY, STEPHEN 1405 CALHOUN AVE PANAMA CITY, FL 32401					ugggggggggg
TITLE NAME STREET ADDRESS CLIY-ST-ZIP	ST HOLLEY, KRISTIE 1405 CALHOUN AVE PANAMA CITY, FL 32401					000000602562 01/26/07-80095-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						