

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90316 029 \*\*\*150.00

**50024972**



03052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000124717</b> 1. Entity Name <b>JOSEPH H INABINETTE FINISHING, INC</b>					
Principal Place of Business <b>1044 FAIRWOOD LANE JACKSONVILLE, FL 32205</b>			Mailing Address <b>1044 FAIRWOOD LANE JACKSONVILLE, FL 32205</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>20-0328980</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>INABINETTE, JOSEPH H 1044 FAIRWOOD LANE JACKSONVILLE, FL 32205</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INABINETTE, JOSEPH H 1044 FAIRWOOD LANE JACKSONVILLE, FL 32205		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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:			3/8/05 904/338-5794 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					