2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000142952

1. Entity Name

FINEST WALLS & CEILINGS INC.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91239 021 ***150.00

THEOT WALLS & SELENTAS INS							
Principal Place of Business Mailing Address					i, ,		
289 E MOSSY HEAD MAIN STREET DEFUNIAK SPRINGS FL 32433		289 E MOSSY HEAD MAIN STREET DEFUNIAK SPRINGS FL 32433					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE (CR2E034 (11/03)	
City & State		City & State			4. FEI Number Applied For Not Applicable		
Zip	Country	Country Zip C			5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Curre	nt Registered Agent	1		7. Name and Address of New Re	gistered Agent	
			Na	me			
HICKMAN, JAMES A 220 GOVERNMENT STREET SUITE 1				Street Address (P.O. Box Number is Not Acceptable)			
NICEVILLE FL 32578			Cit			E1 Zip Coo	to
				•		FL	
	named entity submits this statementions of registered agent.	for the purpose of changing it	ts registered off	ice or registere	ed agent, or both, in the State of Flor	rida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered Agen	l signature required	when reinstating)	DATE	<u> </u>
After	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.0 Payable to Florida Department	0 of State			Election Campaign Final Trust Fund Contribution		00 May Be ed to Fees
10.	在1984年,12日本大学是17日的大人和大学、4月20日和1984年,1988年2月1日中央1984年	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE	P	Delete	TITLE	Т	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition
NAME	SEBASTIAN, KIRK	, Duicie	NAME				
STREET ADDRESS	289 E, MOSSY HEAD		STREET ADD	ORESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZI	P			
TITLE		☐ Delete	THTLE	VIÇ	E-P/SECY DRIA SEBASTIAD Q E MOSSY HEA FUNIAR SPOS FL	☐ Change	Addition
NAME			NAME	GL	SKIP SEBASTIAN	V	
STREET ADDRESS CITY-ST-ZIP			STREET ADD	PRESS 286	A E MOSTY HEA	10 37425	
				Ve F	DAMA SPOS FL	□ Change	Addition
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NAME		CT Deidig	NAME				· — · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			STREET AD	DRESS			÷
CITY-ST-ZIP			CITY-ST-Z	JP .			
12. I hereby	certify that the information supplied	with this filing does not qualify	for the exempti	on stated in Se shall have the	ection 119.07(3)(i), Florida Statutes, same legal effect as if made under	I further certify that the oath; that I am an offic	information er or director

2. 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:

HANDOURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

450-729 8585