


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 19 AM 8:42

DOCUMENT # P03000158408 1. Entity Name FINE LINE SERVICES INC.					
Principal Place of Business C/O TAMMY COLLIER P O BOX 38 MT DORA, FL 32756			Mailing Address C/O TAMMY COLLIER P O BOX 38 MT DORA, FL 32756		
2. Principal Place of Business P.O. Box 38 Suite, Apt. #, etc. Mt. Dora, Fl. 32756		3. Mailing Address P.O. Box 38 Suite, Apt. #, etc. P.O. Box 38			
City & State Mt. Dora, FL 32756		City & State Mt. Dora, FL 32756		4. FEI Number 56-2422890	
Zip 32756		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLIER, TAMMY 2050 FLORENCE RD MT DORA, FL 32757			7. Name and Address of New Registered Agent Name: <u>Tammy Collier</u> Street Address (P.O. Box Number is Not Acceptable): <u>2819 Palmetto Road</u> City: <u>Mt. Dora</u> FL Zip Code: <u>32757</u>		
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: <u>Tammy Collier</u> DATE: <u>9-14-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLIER, TAMMY P O BOX 38 MT DORA, FL 32756	<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	VP COLLIER, JOSEPH P O BOX 38 MT DORA, FL 32756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000059747950 09/19/05--01056--022 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROUGHS, WILLIAM P O BOX 38 MT DORA, FL 32756	<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"/> 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"/> Delete	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: <u>Tammy Collier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>9-14-05</u> <small>Date Daytime Phone #</small>		