

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012596

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: FINER LINES INCORPORATED

## Current Principal Place of Business:

27352 ST.MARTIN LN  
SUMMERLAND KEY, FL 33042

## New Principal Place of Business:

31167 AVENUE F  
BIG PINE KEY, FL 33043

## Current Mailing Address:

27352 ST.MARTIN LN  
SUMMERLAND KEY, FL 33042

## New Mailing Address:

31167 AVENUE F  
BIG PINE KEY, FL 33043

FEI Number: 03-0535454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

M EYERS, MARY BETH  
3201 FLAGLER AVENUE  
506  
KEY WEST, FL 33040 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: KRIEGER, STEVEN J  
Address: 27352 ST.MARTIN LN  
City-St-Zip: SUMMERLAND KEY, FL 33042

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KRIEGER, STEVEN J  
Address: 31167 AVENUE F  
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 BETH MEYERS

CPA

04/02/2007

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

\_\_\_\_\_  
Date