

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90003 006 \*\*\*150.00

<b>DOCUMENT # P04000074477</b>	
1. Entity Name <b>FINAL TOUCH WINDOWS &amp; DECOR, INC.</b>	

Principal Place of Business <b>5221 SE 113TH STREET BELLEVIEW, FL 34420</b>	Mailing Address <b>5221 SE 113TH STREET BELLEVIEW, FL 34420</b>
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**40025293**



2. Principal Place of Business - No P.O. Box # <b>11411 SE US Hwy 301</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)

City & State <b>Belleview, FL</b>	City & State
Zip <b>34420</b>	Country <b>USA</b>

4. FEI Number <b>20-1099066</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>STARNER, DARLENE 5221 SE 113TH STREET BELLEVIEW, FL 34420</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STARNER, DARLENE</b>			NAME			
STREET ADDRESS	<b>5221 SE 113TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BELLEVIEW, FL 34420</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

**SIGNATURE:** *Darlene Starn* **2-15-07** **352-347-8182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #