

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092915

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** PROFESSIONAL INTERIOR FINISHING INC.

**Current Principal Place of Business:**

2497 MISTY WATER DR.E.  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

2497 MISTY WATER DR.E.  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAJIC, VLADO  
2497 MISTY WATER DR.E.  
JACKSONVILLE, FL 32246 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: CAJIC, VLADO  
Address: 2497 MISTY WATER DR.E.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: CAJIC, IVICA  
Address: 2497 MISTY WATER DR.E.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: OFFI (X) Delete  
Name: ISLAMI, GAFUR OFFICER  
Address: 3544 ST.JOHNS BLUFF S. APT#514  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VLADO CAJIC

P

03/29/2005

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

\_\_\_\_\_  
Date