


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90002 017 ***158.75

DOCUMENT # P04000113821					
1. Entity Name AN ELEGANT FINISH, INC.					
Principal Place of Business 2509 VIA DEL RAY RD FERNANDINA BEACH, FL 32034			Mailing Address 2509 VIA DEL RAY RD FERNANDINA BEACH, FL 32034		
2. Principal Place of Business - No P.O. Box # 7990 Baymeadows Rd E.		3. Mailing Address "Same"			
Suite, Apt. #, etc. 206		Suite, Apt. #, etc.			
City & State Jacksonville, Florida		City & State			
Zip 32256		Country US		Zip Country	
6. Name and Address of Current Registered Agent TOMLINSON, DEBORAH J 2509 VIA DEL RAY RD FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Tomlinson, Deborah J. Street Address (P.O. Box Number is Not Acceptable) 7990 Baymeadows Rd. E. Ste. 206 City Jacksonville FL Zip Code 32256	
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>Deborah Tomlinson</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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 P	NAME TOMLINSON, DEBORAH J		TITLE P, D	NAME Tomlinson, Deborah J.	
STREET ADDRESS 2509 VIA DEL RAY RD	STREET ADDRESS 2509 VIA DEL RAY RD		STREET ADDRESS 7990 Baymeadows Rd. E. Ste 206	STREET ADDRESS 7990 Baymeadows Rd. E. Ste 206	
CITY - ST - ZIP FERNANDINA BEACH, FL 32034	CITY - ST - ZIP FERNANDINA BCH, FL 32034		CITY - ST - ZIP Jav., FL. 32256	CITY - ST - ZIP Jav., FL. 32256	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST	NAME TOMLINSON, GARY L		TITLE 	NAME 	
STREET ADDRESS 2509 VIA DEL RAY RD	STREET ADDRESS 2509 VIA DEL RAY RD		STREET ADDRESS 	STREET ADDRESS 	
CITY - ST - ZIP FERNANDINA BCH, FL 32034	CITY - ST - ZIP FERNANDINA BCH, FL 32034		CITY - ST - ZIP 	CITY - ST - ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Deborah Tomlinson</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					