FILED
Jun 05, 2006 8:00 am
Secretary of State
04-28-2006 90190 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000020113

1. Entity Name
THE FINISHING TOUCH BY JAMES, INC.

Principal Place of Business	Mailing Address
16555 HOLLOW TREE LANE WELLINGTON, FL 33470	16555 HOLLOW TREE LANE WELLINGTON, FL 33470

66017902

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2294626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONGO, JAMES
16555 HOLLOW TREE LANE
WELLINGTON, FL 33470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 I accept the obligations of registered agent.

SIGNATURE: (Signature, New or printed name of registered agent and title if applicable) DATE (New Registered Agent signature required when submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND/OR DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	OPST LONGO, JAMES 16555 HOLLOW TREE LANE WELLINGTON, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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: James Longo 4/24/06 561-719-7606
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Telephone Number)

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