


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90447 034 \*\*\*150.00

DOCUMENT # P05000075127		
1. Entity Name P & M FINISHERS, INC.		

Principal Place of Business 3001 NORTHLAND ROAD APT #79 MOUNT DORA, FL 32757	Mailing Address 3001 NORTHLAND ROAD APT #79 MOUNT DORA, FL 32757
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**50015027**



2. Principal Place of Business 1325 E FIRST AVE Suite, Apt. #, etc.	3. Mailing Address 1325 E FIRST AVE Suite, Apt. #, etc.
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04132006 Chg-P CR2E034 (11/05)

City & State MOUNT DORA FL	City & State MOUNT DORA FL
Zip 32757	Zip 32757
Country	Country

4. FEI Number 20-2902687	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PEREZ, HERIBERTO 3001 NORTHLAND ROAD APT #79 MOUNT DORA, FL 32757	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 1325 E FIRST AVE  City MOUNT DORA FL Zip Code 32757	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, HERIBERTO 3001 NORTHLAND ROAD APT #79 MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1325 E FIRST AVE MOUNT DORA FL 32757 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Heriberto Perez 4/19/06 (407) 466-7890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #