

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90858 049 ***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

40094076



2. Principal Place of Business - No P.O. Box #
6535 STANWIN ON
Suite, Apt. #, etc.

3. Mailing Address
6535 STANWIN DRIVE
Suite, Apt. #, etc.

04232007 Chg-P CR2E034 (12/06)

City & State
APOPKA FL

City & State
APOPKA FL

4. FEI Number
20-2902687

Applied For
Not Applicable

Zip
32712

Country
ORANGE

Zip
32712

Country
ORANGE

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

6. Name and Address of Current Registered Agent

PEREZ, HERIBERTO
3001 NORTHLAND ROAD
APT #79
MOUNT DORA, FL 32757
6535 STANWIN ON
APOPKA FL 32712

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 accept the obligations of registered agent.

SIGNATURE Heriberto Perez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	PEREZ, HERIBERTO	6535 STANWIN ON	4325 E FIRST AVE MOUNT DORA, FL 32757	APOPKA FL 32712
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 (407) 466-7890

Date

Daytime Phone #