

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000101489	
1. Entity Name: KIM'S FINISHING TOUCH, INC.	

Principal Place of Business 1200 WINDWARD CIRCLE NICEVILLE, FL 32578 US	Mailing Address 1200 WINDWARD CIRCLE NICEVILLE, FL 32578 US
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04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5327621	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATHERS, KIMBERLY A. 1200 WINDWARD CIRCLE NICEVILLE, FL 32578
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing: Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	U00000934621 05/23/08-80039-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHERS, KIMBERLY A. 1200 WINDWARD CIRCLE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHERS, ROBERT L 1200 WINDWARD CIRCLE NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE

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: *Kimberly A. Mathers* **4-13-08 (850)897-5019**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #