

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015385

**FILED**  
**Mar 09, 2005**  
**Secretary of State**

**Entity Name:** FINLAYSON ENTERPRISES, INC.

**Current Principal Place of Business:**

1802 BECK AVENUE  
PANAMA CITY, FL

**New Principal Place of Business:**

1802 BECK AVENUE  
PANAMA CITY, FL 32405 US

**Current Mailing Address:**

1802 BECK AVENUE  
PANAMA CITY, FL

**New Mailing Address:**

1802 BECK AVENUE  
PANAMA CITY, FL 32405 US

**FEI Number:** 59-3167888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISLER, CHARLES S III  
434 MAGNOLIA AVE.  
PANAMA CITY, FL 32402 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FINLAYSON, CAROLYN P  
Address: 115 E LAKESHORE DR  
City-St-Zip: PANAMA CITY, FL 32413

Title: ST ( ) Delete  
Name: FINLAYSON, JAMES A  
Address: 115 E LAKESHORE DR  
City-St-Zip: PANAMA CITY, FL 32413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FINLAYSON, CAROLYN P  
Address: 115 E LAKESHORE DR  
City-St-Zip: PANAMA CITY, FL 32413 US

Title: ST (X) Change ( ) Addition  
Name: FINLAYSON, JAMES A  
Address: 115 E LAKESHORE DR  
City-St-Zip: PANAMA CITY, FL 32413 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES A. FINLAYSON

ST

03/09/2005

Electronic Signature of Signing Officer or Director

Date