

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90015 048 ***150.00

DOCUMENT # P94000048482

1. Entity Name

ADVANCE FINISHING TECHNOLOGY, INC.



Principal Place of Business

2900 NW 28TH ST
BLDG 10
LAUDERDALE LAKES FL 33311
US

Mailing Address

2900 NW 28TH ST
BLDG 10
LAUDERDALE LAKES FL 33311
US

2. Principal Place of Business

1919 N.W. 19th St

3. Mailing Address

1919 N.W. 19th St.

Suite, Apt. #, etc.

Bldg 304

Suite, Apt. #, etc.

Bldg # 304

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.



MOORE

CR2E034 (4/04)

4. FEI Number

65-0507467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOOD, JACK
6701 YELLOWSTONE LANE
PARKLAND FL 33067

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

NAFHE K. FLOOD (Secretary)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME FLOOD, JACK R JR.
STREET ADDRESS 6701 YELLOWSTONE LANE
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE DSV
NAME FLOOD, NAFHE
STREET ADDRESS 6701 YELLOWSTONE LANE
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAFHE K. FLOOD

7/30/04

Date

954-764-0780

Daytime Phone #