

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000066371 1. Entity Name INTERNATIONAL FINISHES, INC.	
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Principal Place of Business 2799 N.W. BOCA RATON BLVD SUITE 118 BOCA RATON, FL 33431	Mailing Address 2799 N.W. BOCA RATON BLVD SUITE 118 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FCI Number 65-0620946	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEACON, GEORGE M
2799 N.W. BOCA RATON BLVD
SUITE 118
BOCA RATON, FL 33431

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE _____

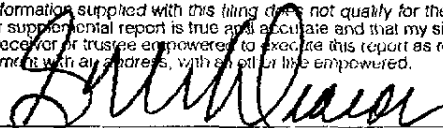
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000454438 13/15/06-80015-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEACON, GEORGE M 4486 WOODFIELD BLVD BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEACON, VICKY A 4486 WOODFIELD BLVD BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an officer or trustee empowered.

SIGNATURE:  03/01/06 561-864-5023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #