

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000066371

1. Entity Name
INTERNATIONAL FINISHES, INC.



Principal Place of Business Mailing Address

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

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SUITE 118
BOCA RATON, FL 33431



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0620946 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 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**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/05/08-80031-024 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/08

561-239-2463

Date

Daytime Phone #