


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2004 90040 049 ***150.00

DOCUMENT # P96000065151					
1. Entity Name FINIS GROUP, INC.					
Principal Place of Business P.O. BOX 90067 GAINESVILLE, FL 32607			Mailing Address P.O. BOX 90067 GAINESVILLE, FL 32607		
2. Principal Place of Business PO BOX 271		3. Mailing Address PO BOX 271			
Suite, Apt. #, etc. GAINESVILLE, FL		Suite, Apt. #, etc. GAINESVILLE, FL			
City & State		City & State			
Zip 32607	Country USA	Zip 32607	Country USA	4. FEI Number 59-3400585	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent LISTOPAD, IVAN 10230 N.W. 11TH LANE GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name KIZUN, NICK Street Address (P.O. Box Number is Not Acceptable) 10230 NW 11th Lane City GAINESVILLE FL Zip Code 32606	
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 <i>[Signature]</i> 01-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISTOPAD, IVAN 10230 N.W. 11TH LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PROTSKO MICHAEL PO Box 271 Gainesville, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRASULIN VICTOR PO Box 271 Gainesville, FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 01/29/2004 <small>Daytime Phone #</small>	