

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90159 001 ***300.00

DOCUMENT # P97000035503

1. Entity Name
FINE ARCHITECTURAL MILLWORK & SHUTTERS, INC.



Principal Place of Business
800 NW 57TH PLACE
FORT LAUDERDALE, FL 33309 US

Mailing Address
800 NW 57TH PLACE
FORT LAUDERDALE, FL 33309 US

00000000



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0761169

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

SVOPA, RICHARD T JR.
800 NW 57TH PLACE
FORT LAUDERDALE, FL 33309

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SVOPA, RICHARD T JR.
800 NW 57TH PLACE
FORT LAUDERDALE, FL 33309

TITLE
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CITY-ST-ZIP

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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: Richard T. Svopa, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 954-491-2055
Date Daytime Phone #

RICHARD T. SVOPA, JR.