


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90411 047 ***150.00

DOCUMENT # P97000071102 1. Entity Name FINIS, INC.	
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Principal Place of Business 12212 US 1 JUNO BEACH, FL 33408	Mailing Address 12212 US 1 JUNO BEACH, FL 33408
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94080004

2. Principal Place of Business 5435 Seabiscuit Road Suite, Apt. #, etc.	3. Mailing Address 5435 Seabiscuit Road Suite, Apt. #, etc.
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04202004 Chg-P CR2E034 (10/03)

City & State Palm Beach Gardens, FL. Zip 33418 Country USA	City & State Palm Beach Gardens, FL. Zip 33418 Country USA
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4. FEI Number 65-0814744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TERMOTTO, JOHN M 12212 US 1 JUNO BEACH, FL 33408	7. Name and Address of New Registered Agent Name TERMOTTO, JOHN M. Street Address (P.O. Box Number is Not Acceptable) 5435 SEABISCUIT ROAD City PALM BEACH GARDENS FL Zip Code 33418
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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 _____ (NOTE: Registered agent signature required when re-registering) _____ DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERMOTTO, AMANDA A 12212 US 1 JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERMOTTO, AMANDA A. 5435 SEABISCUIT ROAD PALM BEACH GARDENS, FL 33418 <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	<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
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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

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:  AMANDA A. TERMOTTO 4-21-04 561 881-7118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #