

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90003 012 ***150.00

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1. Entity Name

FINISTERRA MANAGEMENT COMPANY



Principal Place of Business

**101 OLD FERRY ROAD
SHALIMAR FL**

Mailing Address

**101 OLD FERRY ROAD
SHALIMAR FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3500684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, RAYMOND F JR.
348 MIRACLE STRIP PARKWAY S.W.
SUITE 7
FORT WALTON BEACH FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MULIAHILL, DAVID**
STREET ADDRESS **101 OLD FERRY RD.**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **V. PRESIDENT** ☒ Change ☐ Addition
NAME **MULIAHILL, DAVID**
STREET ADDRESS **101 Old Ferry Road #34B**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VP** ☐ Delete
NAME **SMITH, WILLIAM MR**
STREET ADDRESS **4935 E CA HWY 399**
CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **LOVE, BART**
STREET ADDRESS **101 OLD FERRY RD # 32 B**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **LOVE, BART**
STREET ADDRESS **101 OLD FERRY ROAD # 32B**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **D** ☐ Delete
NAME **RICHARDS, ROBERT**
STREET ADDRESS **7640 COMMODORE CIRCLE**
CITY-ST-ZIP **LIVERPOOL NY 13090**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **WATSON, PATRICIA**
STREET ADDRESS **101 OLD FERRY ROAD #15 C**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **Secretary / Treasurer** ☐ Change ☒ Addition
NAME **FULLER, CINDY**
STREET ADDRESS **101 OLD FERRY ROAD # 17A**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/04 (850) 651 5222