


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000019150	
1. Entity Name FINISTERRA MANAGEMENT COMPANY	

Principal Place of Business 101 OLD FERRY ROAD SHALIMAR, FL	Mailing Address 101 OLD FERRY ROAD SHALIMAR, FL
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3500684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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

TITLE VP	MULIAHILL, DAVID
NAME	
STREET ADDRESS	101 OLD FERRY RD.
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE VP	SMITH, WILLIAM MR
NAME	
STREET ADDRESS	4935 E CA HWY 399
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
TITLE D	LOVE, BART
NAME	
STREET ADDRESS	101 OLD FERRY RD # 32 B
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE D	RICHARDS, ROBERT
NAME	
STREET ADDRESS	7640 COMMODORE CIRCLE
CITY-ST-ZIP	LIVERPOOL, NY 13090
TITLE ST	FULLER, CINDY
NAME	
STREET ADDRESS	101 OLD FERRY ROAD #17-A
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UD00000370262
07/05/05-80009-015 550.00

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:  **6/30/05** **(850) 651-5322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Deputies Phone # _____