

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90027 045 ***550.00

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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**

50022006



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3500684

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$550.00
Due by September 6, 2006**

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
VP
MULIAHILL, DAVID
101 OLD FERRY RD.
SHALIMAR, FL 32579 ☒ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FULLER, CINDY
101 OLD FERRY ROAD #17-A
SHALIMAR, FL 32579 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Cindy Fuller
101 Old Ferry Rd
Shalimar, FL 32579 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
David mulvahill
101 Old Ferry Rd #31A
Shalimar, FL 32579 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Deborah Dickenson
101 Old Ferry Rd 15C
Shalimar, FL 32579 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Charlotte Hoover
101 Old Ferry Rd #22B
Shalimar, FL 32579 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Richard Povolny
101 Old Ferry Rd 34D
Shalimar, FL 32579 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cindy Fuller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06

Date

Daytime Phone #