

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90470 035 ***150.00

DOCUMENT # P98000031601

1. Entity Name

FINELINE DEVELOPMENT CORPORATION



Principal Place of Business

**580 SAN MARCOS BLVD.
NAPLES FL 34104**

Mailing Address

**P.O. BOX 7182
NAPLES FL 34101-7182**

2. Principal Place of Business

222 INDUSTRIAL BLVD

(Suite) Apt. #, etc.

116

3. Mailing Address

222 INDUSTRIAL BLVD

(Suite) Apt. #, etc.

116



1st MOORE

CR2E034 (10/04)

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

65-0825390

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SALETKO, ROBERTA
729 LANDOVER CT.
NAPLES FL 34104**

7. Name and Address of New Registered Agent

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

Roberta Saletko

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

4-20-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE **STD** ☐ Delete
NAME **SALETKO, ROBERTA**
STREET ADDRESS **729 LANDOVER CT.**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **PD** ☐ Delete
NAME **GENET, JOHN J**
STREET ADDRESS **580 SAN MARCOS BLVD**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Roberta Saletko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #