## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## Apr 02, 2008 8:00 am Secretary of State DOCUMENT # P98000056912 1. Entity Name • 04-02-2008 90039 049 \*\*\*150 00 ARCHITECTURAL FINISHES OF NAPLES, INC. Principal Place of Business Mailing Address 6081 GOLDEN OAKS LN 6081 GOLDEN OAKS LN NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 325 12thave. 1325 12th ave. N. E Suire, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For FLO 59-3518152 Naples NaPles Not Applicable Zip Country ZipCountry \$8.75 Additional 5. Certificate of Status Desired 34120 34120 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same. ANDREOULAKIS, CHRIS Street Address (P.O. Box Number is Not Acceptable) 6081 GOLDEN OAKS LN NAPLES FL 34119 12th ave. N.E Zip Code 34120 Naples 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, typed or resited harve of registered agent and the Tappi capid. fNOTE Registered Agent signaturn required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 s'ame TITLE ППЕ Delete ■ Addition same ANDREOULAKIS, CHRIS NAME NAME 1325 12th ave N.E STREET ADDRESS 6081GOLDEN OAKS LN STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY-ST-78P Naples, FL. 34120 THUE □ Defete ППЕ ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE TEFLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAME N-J-IE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

Daveme Phone #