

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 036 ***150.00

DOCUMENT # P99000043936 1. Entity Name STATE OF THE ART FINISHES, INC.			
Principal Place of Business 836 106 AVENUE N NAPLES FL 34108		Mailing Address 836 106 AVENUE N NAPLES FL 34108	
2. Principal Place of Business 836 106 Ave N.		3. Mailing Address Same	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Naples FL		City & State Same	
Zip 34108		Country Collier	
4. FEI Number 65-0921268		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 BOLESKY, STACY M 836 106 AVENUE N NAPLES FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005. Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BOLESKY, STACY M 836- 106 AVE N NAPLES FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Stacy M. Bolesky</u>		Date 9-2-05 Daytime Phone # 239-253-7722	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			