


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90044 007 \*\*\*150.00

<b>DOCUMENT # S77172</b>	
1. Entity Name FACTORY FINISH, INC.	

Principal Place of Business 1949 OAKRIDGE CT CLEARWATER, FL 33759	Mailing Address 1949 OAKRIDGE CT CLEARWATER, FL 33759
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05172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3084092	Applied For Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HARGETT, MICHAEL A  
 1949 OAKRIDGE COURT  
 CLEARWATER, FL 33759

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGETT, MICHAEL 1949 OAK RIDGE COURT CLEARWATER, FL 33759
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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: *Michael A. Hargett* **MICHAEL A. HARGETT** 5-17-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **727-460-8083**