## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 13, 2004 8:00 am Secretary of State DOCUMENT # V56784 05-13-2004 90009 013 \*\*\*150.00 1. Entity Name FINISHING TOUCH BUILDERS SUPPLY, INC. Principal Place of Business Mailing Address 54054038 2724 SHAWNEE AVE 2724 SHAWNEE AVE WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0351059 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINBERG, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 7805 S.W. 6TH COURT PLANTATION, FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition POLING, CATHY NAME NAME 3031 FORTUNE WAY A-17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition POLING, TERRY NAME NAME STREET ADDRESS 3031 FORTUNE WAY A-17 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ETLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

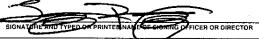
SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME



Delete

☐ Change

☐ Addition

FILED