

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # V56784

1. Entity Name
FINISHING TOUCH BUILDERS SUPPLY, INC.

Principal Place of Business
**2724 SHAWNEE AVE
WEST PALM BEACH, FL 33409 US**

Mailing Address
**2724 SHAWNEE AVE
WEST PALM BEACH, FL 33409 US**



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0351059** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A
7805 S.W. 6TH COURT
PLANTATION, FL 33324**

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000325963
04/23/05-80038-008 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **POLING, CATHY**
STREET ADDRESS **3031 FORTUNE WAY A-17**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE **D**
NAME **POLING, TERRY**
STREET ADDRESS **3031 FORTUNE WAY A-17**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY POLING

4/8/05

Date

561-688-0888

Daytime Phone #