


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J32926**  
 1. Entity Name  
 AUTO TRIM DESIGN OF SUNCOAST, INC.



Principal Place of Business      Mailing Address  
 6718 14TH STREET WEST      6718 14TH STREET WEST  
 BRADENTON, FL 34207 US      BRADENTON, FL 34207 US

**DO NOT WRITE IN THIS SPACE**



03212005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1746859      Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULTZ, GREGORY G.  
 909 STATE RD 584 WEST  
 BLDG B  
 OLDSMAR, FL

**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: *Walter S. Davis*      3-28-05      DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE	VTM
NAME	DAVIS, WILLIAM G
STREET ADDRESS	807 PLUM TREE LANE
CITY-ST-ZIP	SARASOTA, FL
TITLE	DP
NAME	DAVIS, GRACE E.
STREET ADDRESS	6718 14TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000282305  
 03/31/05-80039-007 150.00

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: *Walter S. Davis*      3-28-05      941-753-3172      DATE      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR