


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90001 048 \*\*\*150.00

**DOCUMENT # P04000087437**

1. Entity Name  
**PROTRIM INSTALLATION, INC.**



Principal Place of Business  
**2507 ANNE AVENUE  
 PANAMA CITY BEACH, FL 32408**

Mailing Address  
**2507 ANNE AVENUE  
 PANAMA CITY BEACH, FL 32408**

**50063253**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**981 HWY 98E**  
 Suite, Apt. #, etc.  
**Suite 3 #133**  
 City & State  
**DESTIN FL**  
 Zip  
**32541**

07052005 Chg-P CR2E034 (10/03)

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>MENARD, TOMMY                      2507 ANNE AVENUE                      PANAMA CITY BEACH, FL 32408</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ 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  
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENARD, TOMMY		NAME MENARD, TOMMY	
STREET ADDRESS 2407 AVALON ROAD		STREET ADDRESS 242 TWIN LAKES DR	
CITY-ST-ZIP COLUMBUS BEACH, GA 31907		CITY-ST-ZIP DESTIN, FL 32541	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENARD, TERRY		NAME MENARD, TERRY	
STREET ADDRESS 2407 AVALON ROAD		STREET ADDRESS 145 SOUTH SHORE DR	
CITY-ST-ZIP COLUMBUS BEACH, GA 31907		CITY-ST-ZIP DESTIN, FL 32550	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **TERRY JAMES MENARD** **8/15/2005** **706-593-9405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #