


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000022602  
 1. Entity Name  
 JUNIOR'S TRIM, INC.



Principal Place of Business  
 317 SANDPIPER DR.  
 CASSELBERRY, FL 32707

Mailing Address  
 317 SANDPIPER DR.  
 CASSELBERRY, FL 32707

**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3378606

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, J. GARY  
 2699 LEE RD.  
 SUITE 120  
 WINTER PARK, FL 32789

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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**  
**After May 1, 2005 Fee will be \$550.00**

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

000000348167  
 05/02/05-80014-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORDANO, LOUIS SR. 317 SANDPIPER DR. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORDANO, DEBORAH L 317 SANDPIPER DR. CASSELBERRY, FL 32707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Louis Giordano Sr. LOUIS GIORDANO SR. 4/14/05 407-695-7187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #