

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90030 038 ***158.75

DOCUMENT # K08973 1. Entity Name ANDREW ALFONSO TRIM CARPENTER, INC.					
Principal Place of Business C/O ANDREW ALFONSO 3914 APPELGATE CIRCLE BRANDON, FL 33511			Mailing Address C/O ANDREW ALFONSO 3914 APPELGATE CIRCLE BRANDON, FL 33511		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2859856	
				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	
ALFONSO, ANDREW 3914 APPELGATE CIRCLE BRANDON, FL 33511				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Andrew Alfonso</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, ANDREW 3914 APPELGATE CIRCLE BRANDON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALFONSO, BRENDA 3914 APPELGATE CIRCLE BRANDON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONGORIA, BEN 1603 W CHARLES AVE PLANT CITY, FL 33567	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, DUSTIN 3402 CORNWALL SQUARE DRIVE RIVERVIEW FL. 33569	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Andrew Alfonso</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date Daytime Phone #		