

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677564

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: TRIM LINE OF WEST TAMPA, INC.

**Current Principal Place of Business:**

9605 E. HILLSBOROUGH  
TAMPA, FL 33610 US

**New Principal Place of Business:**

9605 US HWY 92 E  
TAMPA, FL 33610 US

**Current Mailing Address:**

9605 E. HILLSBOROUGH  
TAMPA, FL 33610 US

**New Mailing Address:**

9605 US HWY 92 E  
TAMPA, FL 33610 US

FEI Number: 59-2124152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, CHRISTOPHER E  
3941 APPLGATE CIR.  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBINSON, CHRITOPHER E  
Address: 3941 APPLGATE CIR.  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROBINSON, CHRISTOPHER E  
Address: 3941 APPLGATE CIR.  
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER E ROBINSON

PRES

01/05/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date