


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State


07-16-2004 90004 005 ***150.00

DOCUMENT # G11875 1. Entity Name LARRY'S TRIM SHOP, INC.	
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Principal Place of Business 8055 -103 ST JACKSONVILLE, FL 32210	Mailing Address 8055 -103 ST JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE

44040140



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2239108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PHILLIPS, ERNEST L.
9215 PARMON RD.
JACKSONVILLE, FL 32222**

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS, ERNEST L 9215 PARMON RD JACKSONVILLE, FL 00000,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

Please advise the \$400 fee since I did not receive the original form thank you

**DO NOT WRITE
IN THIS SPACE**

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, or all other like empowered.

SIGNATURE: Ernest L. Phillips **ERNEST L. Phillips** 7-12-04 904-711-8255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #