


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90174 026 ***150.00

DOCUMENT # J09645	
1. Entity Name DAVE'S AUTO TRIM, INC.	

Principal Place of Business 250 BYRON AVE N FORT MYERS, FL 33917	Mailing Address 250 BYRON AVE N FORT MYERS, FL 33917
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 3647 Suite, Apt. #, etc.	
City & State		City & State N. Fort Myers, FL	
Zip	Country	Zip 33918	Country Lee

4006391



04102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent AMIDON, DAVID J. 1001 ORANGE BLOSSOM LANE NORTH FORT MYERS, FL 33903		7. Name and Address of New Registered Agent Name Amidon, David J. Street Address (P.O. Box Number is Not Acceptable) 250 Byron Ave City N. Ft. Myers FL Zip Code 33917	
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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 *David J. Amidon* DATE 4-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMIDON, DAVID J. 250 BYRON AVE N. FT. MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMIDON, CYNTHIA L. 250 BYRON AVE N. FT. MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David J. Amidon* 4-26-06 239-770-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #