

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT# J86716 1. Entity Name SOUTHFLORIDAFINISHANDTRIM,INC.	
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Principal Place of Business 12994 SW 132 AVENUE MIAMI, FL 33186 US	Mailing Address 12994 SW 132 AVENUE MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



02152004 NoChg-P CR2E034(10/03)

4. FEI Number 59-2835256	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PILKINGTON, JEFFREY J. 34650 SW 212 AVENUE MIAMI, FL 33034	DO NOT WRITE IN THIS SPACE
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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.

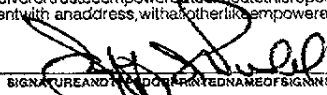
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when re-installing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000077340 03/05/04-80038-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PILKINGTON, JEFFREY J. 12994 SW 212 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SKILLITER, SHARON M. 12994 SW 132 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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 a letter like empowered.

SIGNATURE:  **3-104** **3-5256694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #