

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K44322

1. Entity Name  
TRIMTECH INTERIORS, INC.



Principal Place of Business

2621 NE 5 ST.  
POMPAÑO BEACH, FL 33062 US

Mailing Address

2621 NE 5 ST.  
POMPAÑO BEACH, FL 33062 US

**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0083075

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANTZ, DOUGLAS A.  
2621 NE 5 ST.  
POMPAÑO BEACH, FL 33062

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FRANTZ, DOUGLAS A.  
STREET ADDRESS 2621 NE 5 ST.  
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE D  
NAME FRANTZ, CARIDAD B.  
STREET ADDRESS 2621 NE 5 ST.  
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000224123  
02/10/05-80072-011 150.00

**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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Douglas A. Frantz* Douglas A. Frantz 2/7/05 954 943 3390