2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# L03000008244

Entity Name: ALL TRIMMED OUT, LLC

Current Principal Place of Business:

9154 86TH AVE N
SEMINOLE, FL 33777 US

New Principal Place of Business:

995LAKE FOREST ROAD
CLEARWATER, FL 33765 US

Current Mailing Address:

9154 86TH AVE N
SEMINOLE, FL 33777 US

New Mailing Address:

995 LAKE FOREST ROAD
CLEARWATER, FL 33765 US

FEI Number: 13-4241157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUFFNER, ROBERT D
9154 86TH AVE N
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

RUFFNER, ROBERT DAVID
995 LAKE FOREST ROAD
CLEARWATER, FL 33765 US

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: ROBERT DAVID RUFFNER 01/05/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: RUFFNER, ROBERT D
Address: 9154 86TH AVE N
City-St-Zip: SEMINOLE, FL 33777 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RUFFNER, ROBERT DAVID
Address: 995 LAKE FORSET ROAD
City-St-Zip: CLEARWATER, FL 33765 US

Title: MGRM ( ) Change (X) Addition
Name: MCINTOSH, STEPHEN B
Address: 11653 79TH AVE N
City-St-Zip: SEMINOLE, FL 33772 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN B. MCINTOSH MGRM 01/05/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date