


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90081 049 ****50.00

DOCUMENT # L03000051287 1. Entity Name HARTS TRIM CONTRACTOR LC	
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Principal Place of Business 10032 ST. MORITZ DR. FT. MYERS, FL 33913	Mailing Address 10032 ST. MORITZ DR. FT. MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE

40071902



02032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3779479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HART, KENNETH 10032 ST. MORITZ DR. FT. MYERS, FL 33913

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HART, KENNETH 10032 ST. MORITZ DR. FT. MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HART, LAURA 10032 ST. MORITZ DR. FT. MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Allen Wasko 13285 Hampton Pl Ct Ft. Myers FL 33913
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: <u>Kenneth Hart</u> KENNETH HART	Date: <u>2-03-05</u>	Daytime Phone #: <u>239-246-2622</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		