2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State
02-27-2007 90082 014 ****55.00

DOCUMENT # L06000072997

1. Entity Name
POWERS TRIM LLC

Principal Place of Business	Mailing Address
214-A SAN VINCENTE STREET PANAMA CITY BEACH FL 32413	214-A SAN VINCENTE STREET PANAMA CITY BEACH FL 32413

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
214 San Vincente St	214 San Vincente St
Suite, Apt. #, etc. C	Suite, Apt. #, etc. C
City & State: Panama City Beach Fl	City & State: Panama City Beach Fl
Zip: 32413 Country:	Zip: 32413 Country:

4. FEI Number: 20-5247065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, JASON
214-A SAN VINCENTE STREET
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 214 San Vincente St Apt C
City: Panama City Beach FL Zip Code: 32413

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: Jason A Powers Owner Jason Powers 2-19-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM POWERS, JASON 214-A SAN VINCENTE STREET PANAMA CITY BEACH FL 32413	☐ Delete Manager	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM POWERS, STACEY 214-A SAN VINCENTE STREET PANAMA CITY BEACH FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Manager Jason Powers 214 San Vincente St Apt C Panama City Beach Fl 32413 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 608, Florida Statutes.

SIGNATURE: Jason A Powers Jason A Powers 2-19-2007 803 242-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #