

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063209

Entity Name: CHRISCO TRIM CO. LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

446 BONITA ST.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

622 MADDOX STREET  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

446 BONITA ST.  
PORT ST. JOE, FL 32456

**New Mailing Address:**

622 MADDOX STREET  
PORT ST. JOE, FL 32456

FEI Number: 61-1532147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACREE, CHRISTOPHER L  
477 PONDEROSSA PINE DR  
PORT ST JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ACREE, CHRISTOPHER L  
Address: 25 FONTAIN CR  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ACREE, CHRISTOPHER L  
Address: 622 MADDOX STREET  
City-St-Zip: PORT ST JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTOPHER ACREE

MGR

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date