

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90048 006 ***150.00

DOCUMENT # M71046

1. Entity Name

TRIMMING BY GARBRANDT, INC.



Principal Place of Business

% WAYNE A. GARBRANDT
2860 DOGWOOD ROAD
VENICE FL 34293

Mailing Address

% WAYNE A. GARBRANDT
2860 DOGWOOD ROAD
VENICE FL 34293

34030333



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0036875**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GARBRANDT, WAYNE A.
2860 DOGWOOD ROAD
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GARBRANDT, WAYNE A.
2860 DOGWOOD ROAD
VENICE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
GARBRANDT, KAREN J
2860 DOGWOOD RD
VENICE FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP
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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

Wayne A Garbrandt, President

Date

Daytime Phone #

(941) 493-6465