

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000009052

FILED
Dec 14, 2007
Secretary of State**Entity Name:** B & B CUSTOM TRIM INC.**Current Principal Place of Business:**802 LAMP POST LANE
LAKELAND, FL 33809**New Principal Place of Business:****Current Mailing Address:**802 LAMP POST LANE
LAKELAND, FL 33809**New Mailing Address:****FEI Number:** 59-3617166**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROCK, H. ALVIN
602 PALMORE CT.
LAKELAND, FL 33813 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**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: BROCK, ALVIN H
Address: 602 PALMORE CT.
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: BROCK, DUANE L
Address: 802 LAMP POST LANE
City-St-Zip: LAKELAND, FL 33809

Title: VP (X) Delete
Name: BROCK, STEPHEN D
Address: 802 LAMP POST LANE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. ALVIN BROCK

P

12/14/2007

Electronic Signature of Signing Officer or Director_____
Date