



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90276 033 ***150.00

DOCUMENT # P00000033884					
1. Entity Name TRIM TEC CONSTRUCTION, INC.					
Principal Place of Business 7923 DIMAL COURT ORLANDO, FL 32822			Mailing Address 7923 DIMAL COURT ORLANDO, FL 32822		
2. Principal Place of Business 2809 DEERFIELD ST. Suite, Apt. #, etc.		3. Mailing Address 2809 DEERFIELD ST. Suite, Apt. #, etc.			
City & State ST. CLOUD FL		City & State ST CLOUD FL		4. FEI Number 59-3638528	
Zip 34771		Country OSCOLA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FORD, DENNIS L 7923 DIMAL COURT ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name: FORD, DENNIS L. Street Address (P.O. Box Number is Not Acceptable): 2809 DEERFIELD ST. City: ST. CLOUD FL Zip Code: 34771		
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: DENNIS L. FORD PRES. <i>Dennis L. Ford</i> DATE: 1-06-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: FORD, DENNIS L STREET ADDRESS: 7923 DIMAL COURT CITY-ST-ZIP: ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete		TITLE: PRESIDENT NAME: DENNIS L. FORD STREET ADDRESS: 2809 DEERFIELD ST. CITY-ST-ZIP: ST. CLOUD FL 34771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dennis L. Ford</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 1-06-06 (407) 383-6839 <small>Date Daytime Phone #</small>		