

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000066753

1. Entity Name
FLORIDA TRIM, INC.



FILED
04 OCT 29 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
250 DYSON ROAD
HAINES CITY, FL 33844

Mailing Address
250 DYSON ROAD
HAINES CITY, FL 33844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3659253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSH, GEORGE T
221 AVENUE O, SW
WINTER HAVEN, FL 33880

Name Benjamin Worth

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

2732 Sequoyah Drive

City Haines City

FL

Zip 33844

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WORTH, BENJAMIN T
2732 SEQUOYAH DRIVE
HAINES CITY, FL 33844

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900042318183
10/29/04--01064--002 **122.50

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

9-804