2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# P01000005067

Entity Name: ANDERSON TRIM CARPENTRY, INC.

Current Principal Place of Business:

403 SE 31ST TERRACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

PO BOX 151332
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 06-1610215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, SNELL & COMPANY, P.A.
1470 ROYAL PALM SQUARE BOULEVARD
FT. MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PASEK, DONALD C JR
Address: 205 SE 12TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: BELLO, JOHN J
Address: 403 SE 31ST TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete
Name: ANDERSON, DAVID W
Address: 416 SE 29TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: P
Name: ANDERSON, SCOTT
Address: 407 SE 31ST TERRACE
City-St.-Zip: CAPE CORAL, FL. 33904

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:

*SCOTT ANDERSON DELETED IN ERROR ON JANUARY 11TH 2001 AMENDMENT. AD.

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID ANDERSON SD 02/03/2004

Electronic Signature of Signing Officer or Director Date