

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90551 018 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                          |                                                              |                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000005067</b><br>1. Entity Name<br><b>ANDERSON TRIM CARPENTRY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                          |                                                              |                                                                                                                                                                 |  |
| Principal Place of Business<br><b>102 SE 31ST TERRACE</b><br><b>CAPE CORAL, FL 33904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                          |                                                              | Mailing Address<br><b>PO BOX 151332</b><br><b>CAPE CORAL, FL 33915</b>                                                                                          |  |
| 2. Principal Place of Business<br><b>1802 BEACH PKWY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>#106</b> |                                                              |                                                                                                                                                                 |  |
| City & State<br><b>CAPE CORAL, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | City & State<br><b>CAPE CORAL, FL</b>                    |                                                              | 4. FEI Number<br><b>06-1610215</b>                                                                                                                              |  |
| 33904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | Country <b>USA</b>                                       |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                 |  |
| 6. Name and Address of Current Registered Agent<br><b>HUGHES, SNELL &amp; COMPANY, P.A.</b><br><b>1470 ROYAL PALM SQUARE BOULEVARD</b><br><b>FT. MYERS, FL 33919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                          |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                          |                                                              |                                                                                                                                                                 |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                          |                                                              |                                                                                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                          | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |                                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>PASEK, DONALD C JR<br>205 SE 12TH AVENUE<br>CAPE CORAL, FL 33990        | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>BELLO, JOHN J<br><del>102 SE 31ST TERRACE</del><br>CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP             | PSD<br>BELLO, JOHN J<br>1802 BEACH PKWY #106<br>CAPE CORAL, FL 33904<br><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SD<br>ANDERSON, DAVID W<br>416 SE 29TH STREET<br>CAPE CORAL, FL 33904        | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>ANDERSON, SCOTT<br>407 S.E. 31ST TERRACE<br>CAPE CORAL, FL 33904        | <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                              | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                              | <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), 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: <u>John Bello</u> <b>JOHN BELLO</b> <u>4-29-05</u> <b>239-767-9472</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                          |                                                              |                                                                                                                                                                 |  |