

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90297 019 ***150.00

DOCUMENT # P01000078469

1. Entity Name

TRIM MASTERS CONTRACTING, INC.



Principal Place of Business

820 14TH STREET WEST
ATLANTIC BEACH FL 32233

Mailing Address

820 14TH STREET WEST
ATLANTIC BEACH FL 32233

2. Principal Place of Business

645 Mayport Rd ~~STE 4F~~

3. Mailing Address

645 MAYPORT RD

Suite, Apt. #, etc.

STE 4F

Suite, Apt. #, etc.

SUITE 4F

City & State

Atlantic Beach FL

City & State

Atlantic Beach FL

Zip

Country

USA

Zip

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3735601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURARK, DEBRA A
820 14TH STREET WEST
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name Joseph C Durante
Street Address (P.O. Box Number is Not Acceptable)
645 MAYPORT RD
SUITE 4F
City Atlantic Beach FL Zip Code 32233

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 Joseph Durante

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/29/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DURANTE, JOSEPH C
STREET ADDRESS 820 14TH STREET WEST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE VP ☒ Delete
NAME DURANTE, DEBRA A
STREET ADDRESS 820 14TH STREET WEST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Joseph Durante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

904 626 5161
Daytime Phone #