


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90540 029 ***150.00

DOCUMENT # P01000078469					
1. Entity Name TRIM MASTERS CONTRACTING, INC.					
Principal Place of Business 645 MAYPORT RD., STE 4F ATLANTIC BEACH, FL 32233 820 14th St West			Mailing Address 645 MAYPORT RD., STE 4F ATLANTIC BEACH, FL 32233 820 14th St. West		
2. Principal Place of Business 820 14th St West Suite, Apt. #, etc.		3. Mailing Address 820 14th St. West Suite, Apt. #, etc.			
City & State Atlantic Beach FL		City & State Atlantic Beach FL		4. FEI Number 59-3735601	
Zip 32233		Country Duval		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DURANTE, JOSEPH C 645 MAYPORT RD., STE 4F 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): 820 14th Street West 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: <i>Sam O'Leary</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 DURANTE, JOSEPH C 820 14TH STREET WEST ATLANTIC BEACH, FL 32233		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	
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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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: <i>Sam O'Leary</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Joseph Durante</i>		
DATE: 4/29/05			Daytime Phone #		