2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 Rei. 1/2

DOCUMENT # P02000005064

1. Entity Name
PROFESSIONAL AUTO TRIM INC.

FILED

05 OCT 18 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5545 CEDARWOOD DRIVE SARASOTA, FL 34232	5545 CEDARWOOD DRIVE SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0025479

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIDESTER, GREGORY A
5545 CEDARWOOD DRIVE
SARASOTA, FL 34232

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIDESTER, GREGORY A
STREET ADDRESS	5545 CEDAR WOOD DR.
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	V
NAME	CHIDESTER, DOROTHY M
STREET ADDRESS	5545 CEDAR WOOD DR.
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500059902005
09/23/05--01052--014 **150.00

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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: Dorothy M. Chidester Dorothy M. Chidester 9-21-05 941-377-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/2

10-10-05

Professional Auto Trim

Att: Michelle Milligan

#30-002 5479

Due to Non-receipt of the 2005 original/second notices regarding the Annual Report, the report and check for $150.00 were Not sent in until 9-21-05.

Thank you,

Dorothy Chidester

(941-377-8035)