2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031096

FILED May 03, 2009 Secretary of State

Entity Name: RONALD HESSION'S CUSTOM TRIM & WOOD WORK, INC.

urrent P	rincipal Place	OI DUSINESS:	New Principal Place	or business:
350 HWY AKER, F				
current Mailing Address:		New Mailing Address:		
350 HWY AKER, F				
El Number	: 01-0639073	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:
ESSION, 350 HWY AKER, F				
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
the State	e of Florida. RE:	submits this statement for the particles in the particles of Signature of Registered Agr		d office or registered agent, or both, Date
the State	e of Florida. RE: Electron ce with s. 607.193	ic Signature of Registered Ago 3(2)(b), F.S., the corporation did no	ent	
the State IGNATUI accordan ection Car	e of Florida. RE: Electron ce with s. 607.193	ic Signature of Registered Ago B(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ent ot receive the prior notice.	
the State IGNATUI accordan ection Car	e of Florida. RE: Electron ce with s. 607.193 mpaign Financing S AND DIREC	ic Signature of Registered Agr 8(2)(b), F.S., the corporation did no Trust Fund Contribution (). FORS: Delete ALD	ent ot receive the prior notice.	Date
accordanection Car FFICER:	e of Florida. RE: Electron ce with s. 607.193 mpaign Financing S AND DIREC P () HESSION, RON 1850 HWY C-18 BAKER, FL 325	ic Signature of Registered Agr 8(2)(b), F.S., the corporation did no 1 Trust Fund Contribution (). FORS: Delete ALD 80 331 Delete RI	ent of receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RONALD HESSION PRES 05/03/2009