

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90020 045 ***158.75

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1. Entity Name

TRIM PLUS, INC.



Principal Place of Business

3100 FOREST BLVD.
JACKSONVILLE FL 32246

Mailing Address

3100 FOREST BLVD.
JACKSONVILLE FL 32246



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 26-0003418

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUGHMAN, RUSSELL K
140 SHORELINE AVE
SATSUMA FL 32189

Name

Street Address (P.O. Box Number is Not Acceptable)

3100 FOREST BLVD.

City JACKSONVILLE

FL

Zip Code 32246

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME BAUGHMAN, RUSSELL K
STREET ADDRESS 140 SHORELINE AVE
CITY- ST- ZIP SATSUMA FL 32189

☒ Change ☐ Addition
NAME
STREET ADDRESS 3100 FOREST BLVD.
CITY- ST- ZIP JACKSONVILLE, FL 32246

TITLE VS ☐ Delete
NAME BAUGHMAN, LINDA P
STREET ADDRESS 140 SHORELINE AVE
CITY- ST- ZIP SATSUMA FL 32189

☒ Change ☐ Addition
NAME
STREET ADDRESS 3100 FOREST BLVD.
CITY- ST- ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Linda P. Baughman LINDA P. BAUGHMAN 1/24/07 (904) 642-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date CxPhone #