


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

04-27-2007 90190 032 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000043028
 1. Entity Name
DOUG PAILLE FINISH TRIM SPECIALTIES, INC.



Principal Place of Business Mailing Address
296 FLETCHER ST **296 FLETCHER ST**
PORT CHARLOTTE, FL 33954 **PORT CHARLOTTE, FL 33954**

DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3648367	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PAILLE, DOUGLAS
296 FLETCHER ST
PORT CHARLOTTE, FL 33954

**DO NOT WRITE
 IN THIS SPACE**

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: *Douglas Paille* *Pres* 5-29-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST PAILLE, DOUG 296 FLETCHER ST PORT CHARLOTTE, FL 33954
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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Douglas Paille* *Pres* 5-29-07 941-270-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #