


**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 <b>04-3648367</b>	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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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 #