

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050997

FILED
Feb 19, 2005
Secretary of State

Entity Name: TIM ELKINS TRIM CARPENTRY, INC.

Current Principal Place of Business:

8205 MATTHEW DR
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8205 MATTHEW DR
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 80-0043614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOMLINSON, KATHLEEN
9739 NORM STREET
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

ELKINS, SHARON
8205 MATTHEW DR
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: SHARON ELKINS

02/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELKINS, TIM
Address: 8205 MATTHEW DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V () Delete
Name: ELKINS, SHARON
Address: 8205 MATTHEW DR
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON ELKINS

VP

02/19/2005

Electronic Signature of Signing Officer or Director

Date