2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State DOCUMENT # P02000061253 05-03-2004 91068 024 ***150.00 AMERICAN TRIM & DESIGN, INC. Mailing Address Principal Place of Business 103 YACHT CLUB WAY 103 YACHT CLUB WAY 7 X B 23 U B E D #102 #102 LAKE WORTH, FL 33462 LAKE WORTH, FL 33462 3. Mailing Address 2. Principal Place of Business I-198 VALENTIA I-198 VALENTIA Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) KINGS POINT KINGS City & State City & State 4. FEI Number Applied For 04-3665262 Not Applicable DELAMY DELRAY BEAL B BUACH, FI Country Zip \$8.75 Additional 5. Certificate of Status Desired USA <u>us</u>A 33446 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUJCO, JOHN BOSCO, JOHN J Street Address (P.O. Box Number is Not Acceptable) 103 YACHT CLUB WAY #102 I-198 VALENTIA LAKE WORTH, FL 33462 KINGS POINT 3344 % 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. JOHN V. BOJCO SIGNATURE_ name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. D TITLE D Change Addition TITLE ☐ Delete BOSCO, JOHN J NAME BOCCO, JOHN J. STREET ADDRESS 103 YACHT CLUB WAY #102 STREET ADDRESS I-198 VALENTIA, KINGS POINT CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP DELRAY BEACH, PT 3344L ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

TOHN J. BUCO

SIGNATURE AND TYPED OF PENTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED