

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000093259

FILED  
Dec 19, 2005  
Secretary of State

Entity Name: JIM BEELER CUSTOM TRIM INC.

## Current Principal Place of Business:

3729 COVINGTON DR  
HOLIDAY, FL 34691

## New Principal Place of Business:

2815 MAGUIRE DR  
KISSIMMEE, FL 34741

## Current Mailing Address:

3729 COVINGTON DR  
HOLIDAY, FL 34691

## New Mailing Address:

2815 MGUIRE DR  
KISSIMMEE, FL 34741

FEI Number: 03-0481562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEELER, JAMES T  
3729 COVINGTON DR.  
HOLIDAY, FL 34691 US

## Name and Address of New Registered Agent:

BEELER, JAMES T  
28156 MAGUIRE DR.  
KISSIMMEE, FL 34741 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: JAMES T. BEELER

12/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BEELER, JAMES T  
Address: 3729 COVINGTON DR.  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: BEELER, CHRISTINA M  
Address: 3729 COVINGTON DR.  
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BEELER, JAMES T  
Address: 2815 MAGUIRE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change ( ) Addition  
Name: BEELER, CHRISTINA M  
Address: 2815 MAGUIRE DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: S ( ) Change (X) Addition  
Name: BEELER, ADAM J  
Address: 2815 MAGUIRE DR  
City-St-Zip: KISSIMMEE, FL 34741

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: CHRISTINA BEELER

VP

12/19/2005

Electronic Signature of Signing Officer or Director

Date