

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000111038	
1. Entry Name T & J TRIM, INC.	

Principal Place of Business 4839 OUTRIGGER DR. JACKSONVILLE, FL 32225-4047	Mailing Address 4839 OUTRIGGER DR. JACKSONVILLE, FL 32225-4047
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04272004 No Chg-P CR28034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE Number 55-0801191	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SISLER, TIMOTHY 4839 OUTRIGGER DR. JACKSONVILLE, FL 32225-4047

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 _____ (NOTE: Registered Agent's signature required when replacing) DATE _____

**FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

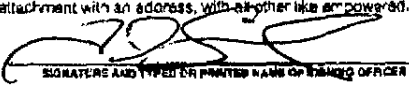
9. Section Campaign Financing
Trust Fund Contribution ☐ \$5.00 May be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SISLER, TIMOTHY 4839 OUTRIGGER DR. JACKSONVILLE, FL 322254047
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15712014-00063-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(9)(1) 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  28 May 04 5812304
SIGNATURE AND TYPED OR PRINTED NAME OF CHARGED OFFICER OR DIRECTOR Date Daytime Phone #