


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90045 033 ***150.00

DOCUMENT # P03000024038

1. Entity Name
D & S TRIM INC



Principal Place of Business
 478 WEST 7TH STREET
 ATLANTIC BEACH, FL 32233

Mailing Address
 478 WEST 7TH STREET
 ATLANTIC BEACH, FL 32233

54003468



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
478 W. 9th St
 Suite, Apt. #, etc.
32233
 City & State
Atlantic Bch, Fl.
 Zip

01312004 Chg-P CR2E034 (10/03)

4. FEI Number
68-0542633

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JEPSON, BRENDA C
 6683 CRILL AVENUE
 PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name
Clinton SAUAge

Street Address (P.O. Box Number is Not Acceptable)
478 W. 9th St.

City
ATLANTIC BEACH FL Zip Code
32233

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 *[Signature]* DATE **1/31/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAVAGE, CLINTON	
STREET ADDRESS	478 WEST 9TH STREET	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BATTON, DALE	
STREET ADDRESS	1175 BATTON ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR