


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90027 034 ***150.00

DOCUMENT # P03000035452 1. Entity Name CHARLIE'S CUSTOM TRIM, INC.					
Principal Place of Business P.O. BOX 622 FREEPORT, FL 32439			Mailing Address P.O. BOX 622 FREEPORT, FL 32439		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WESLEY, KIMBERLY A 146 MONTGOMERY STREET SEAGROVE BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 65-1199697	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Chad Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-19-04</u> Daytime Phone #: <u>850-254-5567</u>		

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01122004 Chg-P CR2E034 (10/03)

Applied For ☐ Not Applicable ☒

8.75 Additional Fee Required

FL Zip Code

DATE

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9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President Charles L Smith 268 East mallard Creek Drive Freeport, FL 32439

V-President Clarence L Lowman II 312 Gilmore Drive Santa Rosa Beach, FL 32459

1-19-04 850-254-5567