

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069018

Entity Name: W.J.L. TRIM CARPENTRY INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 280532
TAMPA, FL 33682

New Principal Place of Business:

Current Mailing Address:

PO BOX 280532
TAMPA, FL 33682

New Mailing Address:

FEI Number: 86-1069482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, WALTER J
13604 N 22ND STREET
APT 3
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

TREJO, LUIS A
14644 MLK JR BLVD
DOVER, FL 33527 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: LUIS A TREJO

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: LOPEZ, WALTER J
Address: PO BOX 280532
City-St-Zip: TAMPA, FL 33682

Title: S () Delete
Name: SONTAY, IRMA L
Address: 2225 E 131ST AVE APT 704
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WALTER J LOPEZ

PVP

04/29/2006

Electronic Signature of Signing Officer or Director

Date