

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000072927

1. Entity Name
TRUSTHIM LABELS, INC.



Principal Place of Business
**941 LONGDALE AVE
LONGWOOD, FL 32750**

Mailing Address
**941 LONGDALE AVE
LONGWOOD, FL 32750**

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FCI Number
01-0612754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAUDAT, KIMBERLY S
736 SUNCREST LOOP APT 104
CASSELBERRY, FL 32707**

**DO NOT WRITE
IN THIS SPACE**

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 *Kimberly S. Laudat* *8/26/04*

SIGNATURE (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-electing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAUDAT, LESTER V
STREET ADDRESS	736 SUNCREST LOOP APT 104
CITY- ST- ZIP	CASSELBERRY, FL 32707
TITLE	V
NAME	LAUDAT, KIMBERLY S
STREET ADDRESS	736 SUNCREST LOOP APT 104
CITY- ST- ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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08/30/04-80001-010 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(d), 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: *Kimberly S. Laudat* *Kimberly S. Laudat* *407.931.305*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY AND PHONE #