


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90356 005 ***150.00

DOCUMENT # P03000110626

1. Entity Name
RON STREETER TRIM, INC.



Principal Place of Business
**9119 CODEL LOOP
 NEW PORT RICHEY, FL 34654 US**

Mailing Address
**9300 REGENCY PARK BLVD.
 PORT RICHEY, FL 3468 US**

2. Principal Place of Business
9923 Harley Ave

3. Mailing Address
9923 Harley Ave.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34654

Country
US



02092006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0304269

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**STREETER, RONALD
 919 CODEL LOOP
 NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent
 Name
Streeter, Ronald
 Street Address (P.O. Box Number is Not Acceptable)
9923 Harley Ave.
 City
New Port Richey FL Zip Code
34654

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 _____ DATE _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	P LOWRY, SHAWN 9119 CODEL LOOP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			5721 Arbordale Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Port Richey FLA 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STREETER, JOHN 9119 CODEL LOOP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			5721 Arbordale Dr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Port Richey 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T STREETER, RONALD 9119 CODEL LOOP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			9923 Harley Ave. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald R. Streeter **3-29-06** **727) 967-4687**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #