## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 14, 2006 08:00 AM DOCUMENT # P03000114014 **Secretary of State** 1. Entity Name CAVALIER TRIM, INC. Mailing Address Principal Place of Business 907 LIVE OAK ROAD VERO BEACH FL 32963 907 LIVE OAK ROAD VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 45-0535449 Not Applicat Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PORTER, ALAN R 907 LIVE OAK ROAD VERO BEACH FL 32963 Street Address (P.O. Box Number is Not Acceptable) Zip Code 5. 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent eignsture footbad when reinstation) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Ca After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition -TITLE D ☐ Delete TIBE PORTER, ALAN R flams U00000507299 NAME 04/27/06-90059-001 150.00 STREET ADDRESS STREET ACCRESS 907 LIVE OAK ROAD VERO BEACH FL 32963 DITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition mle☐ Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TillL TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change . □ Addition TITLE Defete NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-Z@ 15**3**1.E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is 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 hopeward 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 eddress. With all other like empowered.

UAN R. PORTOR

FILED