2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 08:00 AM **DOCUMENT # P03000115443 Secretary of State** 1. Entity Name JCM TRIM CARPENTRY, INC. Principal Place of Business Mailing Address 2013 MANDALAY CT. 2013 MANDALAY CT. OLDSMAR, FL 34677 OLDSMAR, FL 34677 CR2E034 (11/05) 01092008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3134743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAIOLO, JOSEPH DO NOT WRITE 2013 MANDALAY CT. OLDSMAR, FL 34677 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE D MAIOLO, JOSEPH NAME STREET ADDRESS 2013 MANDALAY CT. CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME STREET ADORESS U00000790406 CITY-ST-ZIP 01/23/08-80034-012 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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727-455-8835

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