

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90304 039 ***150.00

DOCUMENT # P03000116667

1. Entity Name

B & L TRIM, INC.



Principal Place of Business

901 43RD ST
MARATHON FL 33050

Mailing Address

901 43RD ST
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

30-0209309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARKIN, DAVID G ESQ.
1900 S HICKORY STREET
SUITE A
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name Wadalea B. Stevenson

Street Address (P.O. Box Number is Not Acceptable)

901-43rd Street

City Marathon

FL

Zip Code

33050

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

Wadalea B. Stevenson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENSON, ROBERT B II	
STREET ADDRESS	117 INDIES DR. S	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE	VS	<input type="checkbox"/> Delete
NAME	STEVENSON, LEAH B	
STREET ADDRESS	117 INDIES DR. S	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>901-43rd Street</u>	
CITY-ST-ZIP	<u>Marathon, FL 33050</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Wadalea B. Stevenson</u>	
STREET ADDRESS	<u>901-43rd Street</u>	
CITY-ST-ZIP	<u>Marathon, FL 33050</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert B. Stevenson II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05 305-481-2529

Date

Daytime Phone #