2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM **DOCUMENT # P03000117316 Secretary of State** 1. Entity Name TOPTRIM CARPENTRY, INC. Principal Place of Business Mailing Address 150 MASTERS BLVD 150 MASTERS BLVD WINTER PARK, FL 32792 WINTER PARK, FL 32792 CR2E034 (10/03) 04152005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0125876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RINGLE, THOMAS E DO NOT WRITE 150 MASTERS BLVD WINTER PARK, FL 32792 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. 4-15-05 SIGNATURE. of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U000000313980 FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. 04/18/05-80147-016 150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE RINGLE, THOMAS E NAME STREET ADDRESS 150 MASTERS BLVD CITY-ST-ZIP WINTER PARK, FL 32792 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-15-05