

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000117321

1. Entity Name
MASTER TRIM, INC.



Principal Place of Business
**29891 70 ST N
CLEARWATER, FL 33761**

Mailing Address
**29891 70 ST N
CLEARWATER, FL 33761**



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1687576	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MELIGAN, IRA B
29891 70 ST N
CLEARWATER, FL 33761

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PVST
NAME: MELIGAN, IRA B
STREET ADDRESS: 29891 70 ST N
CITY-ST-ZIP: CLEARWATER, FL 33761

TITLE: D
NAME: MELIGAN, IRA B
STREET ADDRESS: 29891 70 ST N
CITY-ST-ZIP: CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000318323
04/20/05-80056-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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

IRA BRUCE MEUTAN 4-18-05 (727) 422 0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #