

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91042 036 \*\*\*150.00

**DOCUMENT # P03000117360**

**1. Entity Name**  
**TRIM UNLIMITED, INC.**



**Principal Place of Business**  
**5615 YATES RD**  
**LAKELAND, FL 33811**

**Mailing Address**  
**5615 YATES RD**  
**LAKELAND, FL 33811**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252004

Chg-P

CR2E034 (10/03)

City & State

City & State

**4. FEI Number**

**20-0355183**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ANGUS, ROBERT W**  
**1362 HAVENDALE BLVD NW**  
**WINTER HAVEN, FL 33881-1386**

**Name** **JAMES E. ANDERSON**

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

**5615 YATES ROAD**

**City** **LAKELAND**

**FL** **33811**

**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]*

**JAMES E. ANDERSON**

**4-28-04**

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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **OD** ☐ Delete  
**NAME** **ANDERSON, JAMES E**  
**STREET ADDRESS** **5615 YATES RD**  
**CITY-ST-ZIP** **LAKELAND, FL 33811**

**TITLE** **PRESIDENT** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VICE PRESIDENT** ☐ Change ☐ Addition  
**NAME** **RHETT LEWIS**  
**STREET ADDRESS** **5716 ANTLER TRAIL**  
**CITY-ST-ZIP** **LAKELAND, FL 33811**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **DAVID L. SCOTT**  
**STREET ADDRESS** **11111 N. MOBILE AVE**  
**CITY-ST-ZIP** **MOBILE, AL 36688**

**TITLE** ☐ Change ☐ Addition  
**NAME** **DAVID L. SCOTT**  
**STREET ADDRESS** **11111 N. MOBILE AVE**  
**CITY-ST-ZIP** **MOBILE, AL 36688**

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES E. ANDERSON**

**4-28-04 (863) 559-7752**

Date

Daytime Phone #