

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90577 017 ***150.00

DOCUMENT # P03000119965
 1. Entity Name
GARY OVSIANIK TRIM CARPENTRY, INC.



Principal Place of Business
44 LOGAN STREET
PORT CHARLOTTE, FL 33954

Mailing Address
44 LOGAN STREET
PORT CHARLOTTE, FL 33954

20036901

2. Principal Place of Business
163 Loudon Rd

3. Mailing Address
163 Loudon Rd

Suite, Apt. #, etc.



03122005 Chg-P CR2E034 (10/03)

City & State
Philadelphia TN

City & State
Philadelphia TN

4. FEI Number
20-0327410

Applied For
 Not Applicable

Zip
37846

Country
USA

Zip
37846

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OVSIANIK, BETH
44 LOGAN STREET
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent
 Name
Cheryl A. Reuter EA
 Street Address (P.O. Box Number is Not Acceptable)
812 Tamiami Trail Ste 1
 City
Port Charlotte **FL** Zip Code
33953

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 *Cheryl A. Reuter EA* **3-14-2005**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVSIANIK, GARY 44 LOGAN STREET PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 163 Loudon Rd. Philadelphia TN 37846
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OVSIANIK, BETH 44 LOGAN STREET PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 163 Loudon Rd Philadelphia TN 37846
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OVSIANIK, MATTHEW 44 LOGAN STREET PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 163 Loudon Rd Philadelphia TN 37846
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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: *Gary R. Ovsianik* **4/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

423-337-4937