

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000119993**

1. Entity Name

HAROLD LUNDY QUALITY TRIM, INC.

Principal Place of Business

6717 BEAVER CREEK RD  
BAKER, FL

Mailing Address

6717 BEAVER CREEK RD  
BAKER, FL



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number

73-1684134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LUNDY, HAROLD  
6717 BEAVER CREEK RD  
BAKER, FL

**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

P

NAME

LUNDY, HAROLD

STREET ADDRESS

6717 BEAVER CREEK RD

CITY-ST-ZIP

BAKER, FL

TITLE

ST

NAME

LUNDY, JANET

STREET ADDRESS

6717 BEAVER CREEK RD

CITY-ST-ZIP

BAKER, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Janet Lundy* 04/25/05 850-28272  
537-~~0000~~