2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000119993

1. Entity Name
HAROLD LUNDY QUALITY TRIM, INC.

Principal Place of Business	Mailing Address
6717 BEAVER CREEK RD BAKER, FL	6717 BEAVER CREEK RD BAKER, FL

DO NOT WRITE IN THIS SPACE

02052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
73-1684134	Not Applicable

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

6. Name and Address of Current Registered Agent

LUNDY, HAROLD
6717 BEAVER CREEK RD
BAKER, FL

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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, 2008 Fee will be $550.00

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

U00000904546
05/01/08-00017-006   150.00

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 exemptions contained in Chapter 119, 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: _Harold Lundy_   4-14-08   850-537 8272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #