2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120155

FILED Apr 13, 2004 Secretary of State

Entity Name: TOMAHAWKE TRIM, INC.						
Current Principal Place of Business:			New Pr	New Principal Place of Business:		
2655 FOREST BLVD. JACKSONVILLE, FL 32245						
Current Mailing Address:			New Ma	New Mailing Address:		
2655 FOREST BLVD. JACKSONVILLE, FL 32245				P.O. BOX 351764 JACKSONVILLE, FL 32235		
FEI Number:	ber: FEI Number Applied For (X) FEI Number		FEI Number Not A	er Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name a	Name and Address of New Registered Agent:		
KLEIN, MARSHALL D 2655 FOREST BLVD. JACKSONVILLE, FL 32245			2655 FC	KERVIN, MARSHALL D 2655 FOREST BLVD. JACKSONVILLE, FL 32245		
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.						
SIGNATURE: KERVIN, MARSHALL				04/13/2004		
Electronic Signature of Registered Agent			nt		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D KERVIN, MARSHA 2655 FOREST BL JACKSONVILLE, I	ALL D VD.	Title: Name: Address: City-St-Zi _l) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () D KERVIN, THOMAS 2655 FOREST BL JACKSONVILLE, I	S D VD.	Title: Name: Address: City-St-Zi _l) Change () Addition	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zi _l	SWANK, STEV 810 WADSWO) Change (X) Addition /EN R DRTH DR. APT. 112A E, FL 32308 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KERVIN V 04/13/2004