

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90197 017 \*\*\*150.00

DOCUMENT # P03000120946			
1. Entity Name TROY ROSENBERGER'S TRIM CARPENTRY, INC.			
Principal Place of Business 3623 E. FORT KING ST OCALA, FL 34470		Mailing Address 3623 E. FORT KING ST OCALA, FL 34470	
2. Principal Place of Business - No P.O. Box # 5075 SW 129 <sup>th</sup> Court		3. Mailing Address 5075 SW 129 <sup>th</sup> Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34481	Country USA	Zip 34481	Country
6. Name and Address of Current Registered Agent			
ROSENBERGER, TROY D 3623 E. FORT KING STREET OCALA, FL 34470			
		Name Street Address City	
8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.			
SIGNATURE X <i>Troy</i>		Signature, typed or printed name of registered agent and title if applicable.	
		(NOTE: Registered Agent signature required)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> <b>Ad</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBERGER, TROY D 3920 SW 114TH CT OCALA, FL 34481	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUER, BENJAMIN E 5722 NW 61ST COURT OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: X <i>Troy</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	