
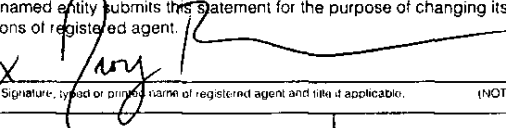
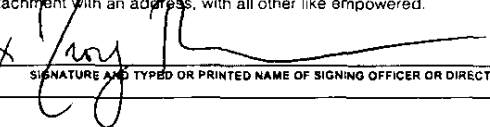


FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90197 017 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|---|---|--|
| 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 129th COURT | | 3. Mailing Address 5075 SW 129th 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 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5075 SW 129th COURT City FL Zip Code 34481 | |
| 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  (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. <input type="checkbox"/> \$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 | P ROSENBERGER, TROY D 3920 SW 114TH CT OCALA, FL 34481 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5075 SW 129th COURT |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 1/22/08 Daytime Phone # 352-873-2937 | |