

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90027 012 \*\*\*150.00

**DOCUMENT # P03000123646**

1. Entity Name

SUNSHINE TRIM CARPENTRY, INC



Principal Place of Business

229 CHARLOTTA AVENUE SOUTHEAST  
PALM BAY FL 32909  
US

Mailing Address

229 CHARLOTTA AVENUE SOUTHEAST  
PALM BAY FL 32909  
US



2. Principal Place of Business - No P.O. Box #

229 charlotta Ave se

Suite, Apt. #, etc.

3. Mailing Address

229 charlotta Ave se

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Palm Bay Florida

Zip  
32909

Country

U.S.A

City & State

Palm Bay Florida

Zip  
32909

Country

U.S.A.

4. FEI Number 65-1208598

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERSAUD, ANNAD  
229 CHARLOTTA AVE. S.E.  
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name Annand Persaud

Street Address (P.O. Box Number is Not Acceptable)

229 charlotta Ave se

City Palm Bay

FL

Zip Code 32909

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, 2007, Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PERSAUD, ANNAND  
STREET ADDRESS 243 CHARLOTTA AVENUE  
CITY- ST- ZIP S. E. PALM BAY FL 32909 ☐ Delete

TITLE V  
NAME PERSAUD, ELIZABETH J  
STREET ADDRESS 243 CHARLOTTA AVE. SE  
CITY- ST- ZIP PALM BAY FL 32909 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Annand Persaud  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

321-728-4694

Date

Daytime Phone #