


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000123933	
1. Entity Name H - N - L TRIM INC.	

Principal Place of Business 3918 BUCK BOARD TRAIL LAKE WALES, FL 33898	Mailing Address 3918 BUCK BOARD TRAIL LAKE WALES, FL 33898
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DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0359045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEWIS, HERSHEL
3918 BUCK BOARD TRAIL
LAKE WALES, FL 33898

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LEWIS, HERSHEL N 3918 BUCK BOARD TRAIL LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LEWIS, LAURIE A 3918 BUCK BOARD TRAIL LAKE WALES, FL 33898
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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: Hershel Lewis Hershel Lewis x 03-09-06 x 863-676-04.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone