


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

03-24-2004 90016 050 ***150.00

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DOCUMENT # P03000127874					
1. Entity Name G & H TRIM, INC.					
Principal Place of Business 513 S BROOKS AVE DELAND FL 32720			Mailing Address 513 S BROOKS AVE DELAND FL 32720		
2. Principal Place of Business 513 S. BROOKS AVE Suite, Apt. #, etc.			3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.		
City & State DELAND FL.			City & State		
Zip 32720		Country USA		4. FEI Number 20-0403403	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOWE, GENE 513 S BROOKS AVE DELAND FL 32720				7. Name and Address of New Registered Agent	
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 reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES. TREASURER <input type="checkbox"/> Delete NAME GENE LOWE STREET ADDRESS 513 S. BROOKS AVE. CITY-ST-ZIP DELAND, FL 32720			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V. PRES. SECRETARY <input type="checkbox"/> Delete NAME HAMILTON E. LOWE III STREET ADDRESS 101 STETSON AVE. CITY-ST-ZIP DELAND, FL. 32			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 <u>Gene Lowe</u> Gene Lowe 3-22-04 386-738-4246					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66417473



MOORE CR2E034 (11/03)

**\$8.75 Additional
Fee Required**

FL Zip Code