

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000130257

1. Entity Name

STEVE THOMPSON CUSTOM TRIM AND CABINETS INC.



Principal Place of Business

744 BROOKEDGE TERRACE
SEBASTIAN, FL 32958 US

Mailing Address

744 BROOKEDGE TERRACE
SEBASTIAN, FL 32958 US



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0488362

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, STEPHEN P
744 BROOKEDGE TERRACE
SEBASTIAN, FL 32958

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, STEPHEN P
STREET ADDRESS	744 BROOKEDGE TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	THOMPSON, STEPHEN P
STREET ADDRESS	744 BROOKEDGE TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	S
NAME	THOMPSON, STEPHEN P
STREET ADDRESS	744 BROOKEDGE TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	T
NAME	THOMPSON, STEPHEN P
STREET ADDRESS	744 BROOKEDGE TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Stephen Thompson STEPHEN THOMPSON 01/30/2006 772-633-7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #