


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000130257</b> 1. Entity Name <b>STEVE THOMPSON CUSTOM TRIM AND CABINETS INC.</b>	
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Principal Place of Business <b>744 BROOKEDGE TERRACE SEBASTIAN, FL 32958 US</b>	Mailing Address <b>744 BROOKEDGE TERRACE SEBASTIAN, FL 32958 US</b>
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**DO NOT WRITE IN THIS SPACE**



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0488382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>THOMPSON, STEPHEN P 744 BROOKEDGE TERRACE SEBASTIAN, FL 32958</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, STEPHEN P 744 BROOKEDGE TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, STEPHEN P 744 BROOKEDGE TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, STEPHEN P 744 BROOKEDGE TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, STEPHEN P 744 BROOKEDGE TERRACE SEBASTIAN, FL 32958
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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: Stephen P. Thompson Stephen P. Thompson 3/6/08 772-633-7867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #