



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90169 046 ***150.00

DOCUMENT # P03000132016					
1. Entity Name SAM'S TRIM & FINISH, INC.					
Principal Place of Business RT 11 BOX 394-30 LAKE CITY, FL 32024			Mailing Address RT 11 BOX 394-30 LAKE CITY, FL 32024		
2. Principal Place of Business 349 S.W. Ramon Ct Suite, Apt. #, etc.		3. Mailing Address 349 S.W. Ramon Ct Suite, Apt. #, etc.		20048355 	
City & State LAKE City FL		City & State LAKE City FL		4. FEI Number 20-0397541	
Zip 32024		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGLEY, SAMUEL RT 11 BOX 394-30 LAKE CITY, FL 32024				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 349 S.W. Ramon Ct City LAKE City FL Zip Code 32024	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP LANGLEY, SAMUEL RT 11 BOX 394-30 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	349 S.W. Ramon Ct LAKE City FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANGLEY, SAMUEL RT 11 BOX 394-30 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	349 S.W. Ramon Ct LAKE City FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ *SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-5-05 Daytime Phone #: 386-752-7643		