
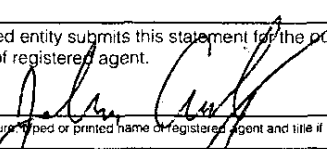


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90058 041 ***150.00

DOCUMENT # P03000133183			
1. Entity Name JOHN CROSBY'S TRIM SERVICES, INC.			
Principal Place of Business 213 12 ST APT B ST AUGUSTINE FL 32080		Mailing Address 213 12 ST APT B ST AUGUSTINE FL 32080	
2. Principal Place of Business St John's County		3. Mailing Address 213 12th ST	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32080	Country ST John's	Zip 32080	Country ST John's
6. Name and Address of Current Registered Agent CROSBY, JOHN 213 12 ST APT B ST AUGUSTINE FL 32080		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 4/25/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, JOHN 213 12 ST APT B ST AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #