



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90238 048 ***150.00

DOCUMENT # P03000133991						
1. Entity Name HART TRIM CARPENTRY, INC.						
Principal Place of Business 5664 IRVIN ST MACLENNY, FL 32063			Mailing Address 5664 IRVIN ST MACLENNY, FL 32063			
2. Principal Place of Business <i>Same</i>		3. Mailing Address 9443 REED STAFFORD RD.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032004 Chg-P CR2E034 (10/03)		
City & State <i>Same</i>		City & State Glen St. Mary Fla		4. FEI Number 20-0406713		
Zip 32040		Country BAKER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARNES & JAMES, P.A. 2629 BLAIR STONE RD. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent			
			Name John G. Hart			
			Street Address (P.O. Box Number is Not Acceptable) 9443 Reed Stafford Rd.			
			City Glen St. Mary			
			FL Zip Code 32040			
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 <i>[Signature]</i> DATE <i>5-03-04</i>						
(NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME HART, JOHN G		<input type="checkbox"/> Delete	TITLE P	NAME HART, John G.	
STREET ADDRESS 5664 IRVIN ST.	CITY-ST-ZIP CRAWFORDVILLE, FL 32063		<input type="checkbox"/> Delete	STREET ADDRESS 9443 Reed Stafford Rd.	CITY-ST-ZIP Glen St Mary Fla. 32040	
TITLE VP	NAME HART, JOHN D		<input type="checkbox"/> Delete	TITLE VP	NAME HART John D.	
STREET ADDRESS 5664 IRVIN ST	CITY-ST-ZIP CRAWFORDVILLE, FL 32063		<input type="checkbox"/> Delete	STREET ADDRESS 9443 Reed Stafford Rd.	CITY-ST-ZIP Glen St Mary Fla. 32040	
TITLE VP	NAME HART, ETHAN C.		<input type="checkbox"/> Delete	TITLE V.P	NAME HART Ethan C.	
STREET ADDRESS 5664 IRVIN ST	CITY-ST-ZIP CRAWFORDVILLE, FL 32063		<input type="checkbox"/> Delete	STREET ADDRESS 9443 Reed Stafford Rd.	CITY-ST-ZIP Glen St Mary Fla 32040	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <i>[Signature]</i> DATE <i>5-03-04</i> Daytime Phone # <i>9045634590</i>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						