

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90400 046 ***150.00

DOCUMENT # P03000135023

1. Entity Name

TISA'S TRIM CARPENTRY, INC.



Principal Place of Business

199 INDEPENDENCE CIRCLE
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

199 INDEPENDENCE CIRCLE
DEFUNIAK SPRINGS FL 32433
US

24030605



MOORE

CR2E034 (11/03)

2. Principal Place of Business

199 Independence Circle

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3692657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, TIMOTHY
199 INDEPENDENCE CIRCLE
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

199

City

FL

Zip Code

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

Timothy G Larson Timothy Larson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3/24/4

DATE

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DIR. ☐ Delete
NAME LARSON, TIMOTHY
STREET ADDRESS 199 INDEPENDENCE CIRCLE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE DIR. ☐ Delete
NAME BRINCKMEYER, LISA
STREET ADDRESS 199 INDEPENDENCE CIRCLE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE DIR. ☒ Delete
NAME KEREKES, ERVIN
STREET ADDRESS 98 MICHEAL ST.
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE Director ☐ Delete
NAME Plowman, Charles
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 199
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 199
STREET ADDRESS
CITY-ST-ZIP

TITLE Dir ☐ Change ☐ Addition
NAME Kerekas
STREET ADDRESS Removed
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Plowman, Charles
STREET ADDRESS 32433
CITY-ST-ZIP 178 ABT martin Rd Defunak Spgs, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Timothy Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/4

Date

(850) 951-2100

Daytime Phone #