

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90423 005 ***150.00

DOCUMENT # P03000135023

1. Entity Name
TISA'S TRIM CARPENTRY, INC.



Principal Place of Business Mailing Address
199 INDEPENDENCE CIRCLE **199 INDEPENDENCE CIRCLE**
DEFUNIAK SPRINGS, FL 32433 US **DEFUNIAK SPRINGS, FL 32433 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40070012



03242006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
38-3692657 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)
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> Delete
NAME	LARSON, TIMOTHY	
STREET ADDRESS	199 INDEPENDENCE CIRCLE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	BRINCKMEYER, LISA	
STREET ADDRESS	199 INDEPENDENCE CIRCLE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	AUGUST, ANTHONY A	
STREET ADDRESS	199 INDEPENDENCE CIRCLE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Timothy G. Larson* **Timothy G. Larson, President** 4/28/6 (800) 951-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #