

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135329

FILED
May 14, 2005
Secretary of State

Entity Name: THOMPSON CUSTOM CABINETS & TRIM, INC.

Current Principal Place of Business:

211 E. BAY ST.
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

211 E. BAY ST.
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 72-1575356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, HAROLD E JR.
211 E. BAY ST.
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, HAROLD E JR.
Address: 211 E. BAY ST.
City-St-Zip: OSPREY, FL 34229 US

Title: VP () Delete
Name: DELONG, MELISA
Address: 211 E. BAY ST.
City-St-Zip: OSPREY, FL 34229 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD THOMPSON JR.

PRES

05/14/2005

Electronic Signature of Signing Officer or Director

_____ Date