

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90004 022 ***150.00

DOCUMENT # P03000136845 1. Entity Name TC TRIM, INC.			
Principal Place of Business 4150 LAKE NED CIR WINTER HAVEN, FL 33884		Mailing Address 4150 LAKE NED CIR WINTER HAVEN, FL 33884	
2. Principal Place of Business 975 Hyde Park Blvd. Suite, Apt. #, etc. #105		3. Mailing Address 975 Hyde Park Blvd. Suite, Apt. #, etc. #105	
City & State Lakeland, FL Zip 33810		City & State Lakeland, FL Zip 33810	
4. FEI Number 36-4544793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, TRINIDEE M 4150 LAKE NED CIR WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 975 Hyde Park Blvd. #105 City Lakeland FL Zip Code 33810	
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 _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, TRINIDEE M 4150 LAKE NED CIR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARK, TRINIDEE M 4150 LAKE NED CIR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Trinidee M. Clark		824-04 863-206-9244	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	