FILED Feb 23, 2006 8:00 am Secretary of State

02-02-2006 90041 037 ***150.00

ANNUAL REPORT DOCUMENT # P03000139293 U. MICHAEL ELLEDGE TRIM CARPENTRY, INC. 30 Principal Place of Business Maiting Address 66002135 6018 SOFFEL DRIVE 6018 SOFFEL DRIVE BROOKSVILLE, FL. 34602, PROPER CONTRACTOR BROOKSVILLE, FL 34602/ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0414519 Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELLEDGE, JAMES M 6018 SOFFEL DRIVE Street Address (P.O. Box Number is Not Acceptable) BROOKSVILLE, FL 34602 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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be . 🗆 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition ELLEDGE, JAMES M NAME 6018 SOFFEL DRIVE STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34602 CITY-ST-ZIP m F ☐ Defete TITLE ☐ Change ☐ Addition ÉLLEDGE, JOYCE HAME STREET ADDRESS 6018 SOFFEL DRIVE STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34602 C(TY-S1-2)2 ☐ Cetere TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Determ TITLE Change Addition NAME MAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE - Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE O Detere IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCIDENCE CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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 receivefor 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 accuracy as in place of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the rec SIGNATURE Of Deservor

2006 FOR PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

J. MICHAEL ELLEDGE TRIM CARPENTRY, INC. 6018 SOFFEL DRIVE BROOKSVILLE, FL 34602

Subject: J. MICHAEL ELLEDGE TRIM CARPENTRY, INC.

Reference Number: P03000139293

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION