


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000142178		
1. Entity Name JIMMY WILLIAMS TRIM HARDWARE INC.		

FILED

05 FEB -4 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1467 SE 14TH ST. STUART, FL 34996	Mailing Address 1467 SE 14TH ST. STUART, FL 34996
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2. Principal Place of Business 4320 SE. Chesapeake Bay Dr. Suite, Apt. #, etc.	3. Mailing Address 4320 Chesapeake Bay Dr. State, Apt. #, etc.
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City & State Stuart, FL	City & State Stuart FL	4. FEI Number 76-0753679	Applied For <input type="checkbox"/> Not Applicable
Zip 34997	Country Martin	Zip 34997	Country Martin

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, JIMMY H 1467 14TH ST STUART, FL 34996
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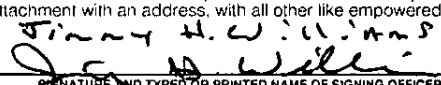
7. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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:  DATE: 1-31-05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JIMMY H 1467 SE 14TH ST 4320 Chesapeake Bay Dr. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300046419053 02/11/05--01017--003 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	1-31-05 772.708.0609 Date Daytime Phone #