


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90055 026 ***150.00

DOCUMENT # P03000142441 1. Entity Name FRADD'S TRIM CARPENTRY, INC.			
Principal Place of Business 1255 MASON AVE DAYTONA BEACH, FL 32117		Mailing Address 1255 MASON AVE DAYTONA BEACH, FL 32117	
2. Principal Place of Business 774 HAWKRIDGE ROAD		3. Mailing Address P.O. BOX 291414	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PORT ORANGE FL		City & State PORT ORANGE FL	
Zip 32127		Zip 32127	
Country 		Country 	
4. FEI Number 51-0490385		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name RICHARD K. CHURCHMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 1255 MASON AVE City DAYTONA BEACH FL Zip Code 32117	
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 RICHARD K. CHURCHMAN, PRES. <i>Richard K. Churchman</i> 2-4-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRADD, LARRY B 1255 MASON AVE DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 774 HAWKRIDGE ROAD PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRADD, CAROL J 1255 MASON AVE DAYTONA BEACH, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: x Carol J. Fradd <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Feb 22, 2004 761-6599 <small>Date Daytime Phone #</small>	