

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

04-27-2005 90307 025 ***100.00
06-09-2005 90003 023 ****50.00

DOCUMENT # P03000143698			
1. Entity Name DONNIE'S TRIM WORKS INC			
Principal Place of Business 9 NORTH LEONARD STREET ST AUGUSTINE, FL 32084		Mailing Address 9 NORTH LEONARD STREET ST AUGUSTINE, FL 32084	
2. Principal Place of Business		3. Mailing Address 502 Lakeshore Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Aug, FL	
Zip	Country	Zip	Country
32095	USA	32095	USA
4. FEI Number 20-0446730		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOJCIAK, DONALD 502 LAKESHORE DRIVE ST AUGUSTINE, FL 32095		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____			
SIGNATURE: _____ DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PRES WOJCIAK, DONALD 502 LAKESHORE DRIVE ST AUGUSTINE, FL 32095 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: <u>Donald T. Wojcik</u>		4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	