

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000143698

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** DONNIE'S TRIM WORKS INC

**Current Principal Place of Business:**

9 NORTH LEONARDI STREET  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

9 NORTH LEONARDI STREET  
ST AUGUSTINE, FL 32084 US

**Current Mailing Address:**

502 LAKESHORE DRIVE  
SAINT AUGUSTINE, FL 32095

**New Mailing Address:**

9 NORTH LEONARDI STREET  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 20-0446730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOJCIAK, DONALD  
502 LAKESHORE DRIVE  
ST AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WOJCIAK, DONALD  
Address: 502 LAKESHORE DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD WOJCIAK

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03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date