


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 040 ***150.00

DOCUMENT # P03000146631 1. Entity Name WAYNE SEAY TRIM CARPENTRY, INC.																			
Principal Place of Business 3030 LASISTOR STREET ORLANDO, FL 32817-2019		Mailing Address 3030 LASISTOR STREET ORLANDO, FL 32817-2019																	
2. Principal Place of Business - No P.O. Box # 45826 WASHINGTON DR Suite, Apt. #, etc.		3. Mailing Address 45826 WASHINGTON DR Suite, Apt. #, etc.																	
City & State PAISLEY, FL Zip 32767 Country US		City & State PAISLEY, FL Zip 32767 Country US																	
4. FEI Number 20-0469343		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 SEAY, WAYNE 3030 LASISTOR STREET ORLANDO, FL 32817-2019		7. Name and Address of New Registered Agent Name SEAY, WAYNE Street Address (P.O. Box Number is Not Acceptable) 45826 WASHINGTON DR City PAISLEY FL Zip Code 32767																	
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 <u>WAYNE SEAY</u> (NOTE: Registered Agent signature required when reinstating) DATE _____																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">PD SEAY, WAYNE <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>3030 LASISTOR STREET</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FL 328172019</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PD SEAY, WAYNE <input type="checkbox"/> Delete	NAME	3030 LASISTOR STREET	STREET ADDRESS	ORLANDO, FL 328172019	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">SEAY, WAYNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>45826 WASHINGTON DR</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PAISLEY, FL 32767</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	SEAY, WAYNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	45826 WASHINGTON DR	STREET ADDRESS	PAISLEY, FL 32767	CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 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: <u>Wayne Seay</u> WAYNE SEAY		Date <u>4/13/07</u> Daytime Phone # <u>407-721-6386</u>																	