2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90496 047 ***150.00

DOCUMENT # P03000146689

1. Entity Name
A1A INTERIOR TRIM, INC.

Principal Place of Business	Mailing Address
1100 SEAGATE AVENUE APT. 212 NEPTUNE BEACH, FL 32266	1100 SEAGATE AVENUE APT. 212 NEPTUNE BEACH, FL 32266

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
611 Ponte Vedra Lakes Blvd	611 Ponte Vedra Lakes Blvd
Suite, Apt. #, etc.: Apt 3702	Suite, Apt. #, etc.: Apt. 3702
City & State: Ponte Vedra Be FL	City & State: Ponte Vedra Be FL
Zip: 32082 Country: St. Johns	Zip: 32082 Country: St. Johns

4. FEI Number: 86-1091330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLOWAY, WILLIAM S
~~1100 SEAGATE AVENUE~~
~~APT. 212~~
~~NEPTUNE BEACH, FL 32266~~
611 Ponte Vedra Lakes Blvd
APT 3702
Ponte Vedra Be FL 32082

7. Name and Address of New Registered Agent

Name
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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	HOLLOWAY, WILLIAM S	
STREET ADDRESS	~~1100 SEAGATE AVENUE #212~~ 611 Ponte Vedra Lakes Blvd	
CITY-ST-ZIP	~~NEPTUNE BEACH, FL 32266~~ Ponte Vedra FL 32082	
TITLE	D	☐ Delete
NAME	HOLLOWAY, WILLIAM S 611 Ponte Vedra Blvd	
STREET ADDRESS	~~1100 SEAGATE AVENUE #212~~ Ponte Vedra Be FL.	
CITY-ST-ZIP	~~NEPTUNE BEACH, FL 32266~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 04/29/05 904-285-1194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #