

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90024 030 ***150.00



DOCUMENT # P03000147968
 1. Entity Name
TRIMCO REMODELING & CONSTRUCTION, INC.

Principal Place of Business: **26807 SPANISH GARDEN DR. BONITA SPRINGS FL 34135**
 Mailing Address: **26807 SPANISH GARDEN DR. BONITA SPRINGS FL 34135**

2. Principal Place of Business: **14820 Donatello Ct.**
 Suite, Apt. #, etc.
 3. Mailing Address: **14820 Donatello Ct.**
 Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State: **Bonita Springs, FL.**
 Zip: **34135** Country: **U**
 City & State: **Bonita Springs, FL.**
 Zip: **34135** Country: **U**

4. FEI Number: **45-0529767**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TRAGSEILER, DONALD J
26807 SPANISH GARDEN DR.
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **14820 Donatello Court**
 City: **Bonita Springs** State: **FL** Zip Code: **34135**

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 _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: TRAGSEILER, DONALD J STREET ADDRESS: 26807 SPANISH GARDEN DR. CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE: VSTD NAME: TRAGSEILER, DEBORAH A STREET ADDRESS: 26807 SPANISH GARDEN DR. CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: 14820 Donatello Ct. CITY-ST-ZIP: Bonita Springs, FL. 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 14820 Donatello Ct. CITY-ST-ZIP: Bonita Springs, FL. 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Deborah A. Tragseiler** Date: **4-1-05** Daytime Phone #: **239-992-3527**