

2005 FOR PROFIT CORPORATION- ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90110 008 ***150.00

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1. Entity Name
JOHN STOKES TRIM, INC.



Principal Place of Business

**5241 YANCY DR
PACE, FL 32571**

Mailing Address

**5241 YANCY DR
PACE, FL 32571**

50028993



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

54-2134267

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOKES, JOHN
5241 YANCY DR
PACE, FL 32571**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME STOKES, JOHN
STREET ADDRESS 5241 YANCY DR
CITY-ST-ZIP PACE, FL 32571

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

TITLE VP ☐ Delete
NAME SOUTHERLAND, DAVID
STREET ADDRESS 5241 YANCY DR
CITY-ST-ZIP PACE, FL 32571

TITLE ☒ Change ☐ Addition
NAME Southerland, David
STREET ADDRESS 5241 Yancy Dr
CITY-ST-ZIP Pace, FL 32571

TITLE T ☒ Delete
NAME LICHAROWICZ, ANDREW
STREET ADDRESS 5329 CHESTNUT DRIVE
CITY-ST-ZIP PACE, FL 32571

TITLE ☐ Change ☒ Addition
NAME Deuser, Joseph T.
STREET ADDRESS 5241 Yancy Dr
CITY-ST-ZIP Pace, FL 32571

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Stokes

3/14/05

Date

994-9059

Daytime Phone #