2005 FOR PROFIT CORPORATION
Amended **ANNUAL REPORT**

08-09-2005 90002 030 ** 61.25
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000148304

1. Entity Name
JOHN STOKES TRIM, INC.

Principal Place of Business	Mailing Address
5241 YANCY DR PACE, FL 32571	5241 YANCY DR PACE, FL 32571

02172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-2134267 ☐ Applied For ☐ Not Applicable

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS STOKES, JOHN 5241 YANCY DR PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Deuser, Joseph 5241 Yancy Dr Pace FL 32571	☐ Change ☒ Addition
TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	Phillips, Justin M 5301 Crystal Creek Dr Pace, FL 32571	☒ Delete	TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	Bobby Lee Jones 1917 Chanle Rd Milton FL 32577	☐ Change ☒ Addition
TITLE VP / NAME / STREET ADDRESS / CITY-ST-ZIP	Sautelli, Vincent 3989 Deerwood Circle Pace FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 an attachment with an address, with all other like empowered.

SIGNATURE: John Stokes President (850) 944-9059
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

8/18 ao