2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90471 021 ***150.00

DOCUMENT # P03000151302

1. Entity Name
JAMES HENDERSON TRIM INC.

Principal Place of Business	Mailing Address
15249 SABLE AVENUE GROVELAND, FL 34736	15249 SABLE AVENUE GROVELAND, FL 34736

54041680

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15249 Sable Ave.	15249 Sable Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Groveland, FL	City & State: Groveland, FL
Zip: 34736 Country: Lake	Zip: 34736 Country: Lake

4. FEI Number: 56-2422399 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENDERSON, JAMES E JR.
840 S.GRAND HWY.
CLERMONT APT.23D
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name: James E. Henderson Jr.
Street Address (P.O. Box Number is Not Acceptable): 15249 Sable Ave.
City: Groveland FL Zip Code: 34736

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] 4/22/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	P HENDERSON, JAMES E JR 840 S.GRAND HWY. APT.23D CLERMONT, FL 34711	☐ Delete	P James E. Henderson Jr. 15249 Sable Ave. Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HENDERSON, KEVIN 840 S. GRAND HWY., APT. 23B CLERMONT, FL 34711	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR