



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90109 036 ***150.00

DOCUMENT # P03000151302 1. Entity Name JAMES HENDERSON TRIM INC.					
Principal Place of Business 15249 SABLE AVENUE ^{old} GROVELAND, FL 34736 ^{US} 9200 Trout Lake Rd. ^{new} Orlando, FL 32818 ^{US}		Mailing Address 15249 SABLE AVENUE ^{old} GROVELAND, FL 34736 ^{US} 9200 Trout Lake Rd. ^{new} Orlando, FL 32818 ^{US}			
2. Principal Place of Business Suite, Apt. #, etc. 9200 Trout Lake Rd. City & State Orlando, FL Zip 32818 Country US		3. Mailing Address Suite, Apt. #, etc. 9200 Trout Lake Rd. City & State Orlando, FL Zip 32818 Country US			
4. FEI Number 56-2422399		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HENDERSON, JAMES E JR. 15249 SABLE AVENUE ^{old} GROVELAND, FL 34736 9200 Trout Lake Rd. ^{new} Orlando, FL 32818				7. Name and Address of New Registered Agent Name <u>James E. Henderson Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>9200 Trout Lake Rd.</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32818</u>	
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 <u>[Signature]</u> DATE <u>2/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 15249 SABLE AVENUE GROVELAND, FL 34736 ³⁰⁶¹	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James E. Henderson Jr. 9200 Trout Lake Rd. Orlando, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HENDERSON, JAMES E SR 15249 SABLE AVENUE GROVELAND, FL 34736 ³⁰⁶²	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer James E. Henderson Sr. 717 Oak Lane Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TURNER, MARION A 8439 TROUT LAKE RD. ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/27/06</u> Daytime Phone # <u>(407) 416-0215</u>		