


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90009 011 \*\*\*150.00

<b>DOCUMENT # P03000151689</b>					
1. Entity Name <b>MIKE ROSE TRIM INC</b>					
Principal Place of Business <b>675 BAYBERRY VILLAGE RD BUNNELL FL 32110 US</b> <i>675 BAYBERRY VILLAGE RD.</i>			Mailing Address <b>675 BAYBERRY VILLAGE RD BUNNELL FL 32110 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>BUNNELL, FLA.</b> City & State			3. Mailing Address <i>675 BAYBERRY VILLAGE RD.</i> Suite, Apt. #, etc. City & State <b>BUNNELL, FLA.</b>		
Zip <b>32110</b>	Country <b>UNITED STATES</b>	Zip <b>32110</b>	Country <b>UNITED STATES</b>	4. FEI Number <b>20-0478682</b> <i>20-478682</i>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROSE, MIKE 675 BAYBERRY VILLAGE RD BUNNELL FL 32110</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Michael Rose</i> Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. ROSE, MIKE 675 BAYBERRY VILLAGE RD BUNNELL FL 32110 <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"/> 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"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Michael Rose</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-26-04 1(306) 437-1181 Date Daytime Phone #		

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MOORE CR2E034 (4/04) CORRECTED FEIN