


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000152914 1. Entity Name M. R. TRIM & CARPENTRY, INC.																																																																																																																																																					
Principal Place of Business 34 MANDRAKE ST MIDDLEBURG FL 32068			Mailing Address 34 MANDRAKE ST MIDDLEBURG FL 32068																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		4. FEI Number 80-0089551																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required																																																																																																																																																			
6. Name and Address of Current Registered Agent RENAUD, MAX 34 MANDRAKE ST MIDDLEBURG FL 32068				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when corporate g) Signature typed in printed name of registered agent and title if applicable _____ DATE _____																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RENAUD, MAX</td> <td></td> <td>STREET ADDRESS</td> <td>U00000457296</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>34 MANDRAKE ST MIDDLEBURG FL 32068</td> <td></td> <td>CITY-ST-ZIP</td> <td>03/16/06 80057-013 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GETTY, BRUCE E</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2547 QUAIL ROOST RD.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIDDLEBURG FL 32068</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MUFFLEY, ERNEST A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>390 W TROPICAL TRACE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32259</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	RENAUD, MAX		STREET ADDRESS	U00000457296		CITY-ST-ZIP	34 MANDRAKE ST MIDDLEBURG FL 32068		CITY-ST-ZIP	03/16/06 80057-013 150.00		TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GETTY, BRUCE E		NAME			STREET ADDRESS	2547 QUAIL ROOST RD.		STREET ADDRESS			CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP			TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MUFFLEY, ERNEST A		NAME			STREET ADDRESS	390 W TROPICAL TRACE		STREET ADDRESS			CITY-ST-ZIP	JACKSONVILLE FL 32259		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
STREET ADDRESS	RENAUD, MAX		STREET ADDRESS	U00000457296																																																																																																																																																	
CITY-ST-ZIP	34 MANDRAKE ST MIDDLEBURG FL 32068		CITY-ST-ZIP	03/16/06 80057-013 150.00																																																																																																																																																	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	GETTY, BRUCE E		NAME																																																																																																																																																		
STREET ADDRESS	2547 QUAIL ROOST RD.		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP																																																																																																																																																		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	MUFFLEY, ERNEST A		NAME																																																																																																																																																		
STREET ADDRESS	390 W TROPICAL TRACE		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	JACKSONVILLE FL 32259		CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME			NAME																																																																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: max c Renaud - MAX C. Renaud 2/28/06 904-282-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR