

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90001 003 \*\*\*150.00

DOCUMENT # P03000157977



1. Entity Name  
TIM CO TRIM WORKS INC.

Principal Place of Business  
25 FONTAIN CR  
CRAWFORDVILLE, FL 32327

Mailing Address  
25 FONTAIN CR  
CRAWFORDVILLE, FL 32327

54072898



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082004- Chg-P CR2E034 (10/03)

City & State

Crawfordville, FL

City & State

Crawfordville, FL

4. FEI Number

200524106

Applied For

Not Applicable

Zip

Country

32327

Zip

Country

32327

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

KIRKLEY, LOUIS T  
25 FONTAIN CR  
CRAWFORDVILLE, FL 32327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

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 P ☐ Delete  
NAME KIRKLEY, LOUIS T  
STREET ADDRESS 25 FONTAIN CR  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE V ☒ Delete  
NAME BAKER, JASON  
STREET ADDRESS 25 FONTAIN CR  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ST ☒ Delete  
NAME KIRKLEY, TONY L  
STREET ADDRESS 2619 BEN STOUTAMIRE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

9-8-04

ATTACHMENT

Sept, 8, 2004

To Whom it may Concern #D03000157977  
54072898

This is the first note we have received  
on this matter, Notice of Intent to Dissolve

Thank you

Louis T. Kinley

850-566-0838