


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      Mailing Address  
**25 FONTAIN CR**      **25 FONTAIN CR**  
**CRAWFORDVILLE, FL 32327**      **CRAWFORDVILLE, FL 32327**

**54072898**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
        **25 Fontaine Circle**

09082004- Chg-P CR2E034 (10/03)

City & State      City & State  
**Crawfordville, FL**      **Crawfordville, FL**  
 Zip      Zip      Country      Country  
**32327**      **32327**

4. FEI Number      Applied For  
**200524106**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**KIRKLEY, LOUIS T**  
**25 FONTAIN CR**  
**CRAWFORDVILLE, FL 32327**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**\$150.00**  
~~FILE NOW!!! FEE IS \$350.00~~  
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KIRKLEY, LOUIS T	
STREET ADDRESS	25 FONTAIN CR	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BAKER, JASON	
STREET ADDRESS	25 FONTAIN CR	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KIRKLEY, TONY L	
STREET ADDRESS	2619 BEN STOUTAMIRE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Louis T. Kirkley  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9-8-04      Daytime Phone #

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. Kinsley

850-566-0838