

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000007541

1. Entity Name
DON KERN TRIM, INC.



6/14/2005-90001-038-\$158.75-\$158.75
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PM 2:01

Principal Place of Business
**231 CRESCENT STREET SE
PALM BAY, FL 32909**

Mailing Address
**231 CRESCENT STREET SE
PALM BAY, FL 32909**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1565 30th AVE
Suite, Apt. #, etc.

06032005 Chg-P CR2E034 (10/03)

City & State
VERO BCH., FL

Zip
32960

Country
INDIAN RIVER

4. FEI Number
92-0184371

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**KERN, DONALD J JR.
231 CRESCENT STREET SE
PALM BAY, FL 32909**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, DONALD J JR. 231 CRESCENT STREET SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200058348722 08/08/05--01063--001 **400.00
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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: Donald Kern Donald Kern 6-8-05 772-579-0473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #