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### 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 20 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05

T Roberts OCT 25 2005

REINSTATEMENT



09222005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000008920			
1. Entity Name TOM THE TRIM MAN, INC.			
Principal Place of Business 626 B. KELLY STREET DESTIN, FL 32541		Mailing Address 626 B. KELLY STREET DESTIN, FL 32541	
2. Principal Place of Business 6 MARTY LANE Suite, Apt. #, etc.		3. Mailing Address 6 MARTY LANE Suite, Apt. #, etc.	
City & State FORT WALTON BCH, FL		City & State FORT WALTON BCH, FL	
Zip 32547		Country USA	
4. FEI Number 20-0574645		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMMY, MAYFIELD D JR. 626 B. KELLY STREET DESTIN, FL 32541		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 <i>Tom Mayfield</i>		DATE 10-17-05	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		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	P MAYFIELD, TOMMY D JR. 626 B. KELLY SREET DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 MARTY LANE FORT WALTON BCH, FL 32547
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 200060820182 10/20/05--01041--012 **150.00
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
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
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>Tom Mayfield</i>		DATE: 10-17-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-855-7585	

PS JgZ

September 22, 2005

**RE: Document #P0400008920  
Tom the Trim Man, Inc.  
FEI Number 20-0574645**

To Whom It May Concern:-

I am certifying that prior notices were not received and that the \$600.00 reinstatement fee be waived for the year 2005. Attached is my check for \$150 and the reinstatement application, please note my new mailing address.

Sincerely,

Tommy Mayfield