2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000010519

1. Entity Name
DONNIE WILLIS TRIM INC

Principal Place of Business	Mailing Address
413 7TH ST S DUNDEE, FL 33838	P.O. BOX 1062 DUNDEE, FL 33838

DO NOT WRITE IN THIS SPACE

01302006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0587968	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIS, DONNIE
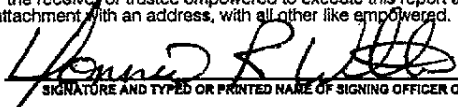413 7TH ST S
DUNDEE, FL 33838

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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 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIS, DONNIE
STREET ADDRESS	413 7TH ST S
CITY-ST-ZIP	DUNDEE, FL 33838

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000556341
05/17/06-80005-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____   4-26-06   863-268-3487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #