

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90201 008 \*\*\*150.00

**66013505**



1st MOORE CR2E034 (10/06)

<b>DOCUMENT # P04000011849</b> 1. Entity Name <b>TRIM BY CATFISH, INC.</b>					
Principal Place of Business <b>3617 W. TAMPA CIRCLE TAMPA FL 33629 US</b>			Mailing Address <b>3617 W. TAMPA CIRCLE TAMPA FL 33629 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip		Country		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SMITH, CAROL L 3617 W TAMPA CIR TAMPA FL 33629</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	P/T	TITLE	NAME	STREET ADDRESS
STREET ADDRESS	CITY	ST	CITY	ST	ZIP
SMITH, CAROL L <input type="checkbox"/> Delete 3617 TAMPA CIR TAMPA FL 33629			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
VP/S <input type="checkbox"/> Delete SMITH, BRIAN L 3617 W TAMPA RD TAMPA FL 33629			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete 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 exemptions contained in Section 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: <i>Carol L Smith</i> <b>CAROL L. Smith</b>			Date <b>5-3-07</b> (813) 966-3694		