

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000027036

1. Entity Name
GEOVANY TRIM INC



FILED

05 SEP 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50066807



Principal Place of Business
1716 EAST KIRBY ST
TAMPA, FL 33604

Mailing Address
1716 EAST KIRBY ST
TAMPA, FL 33604

2. Principal Place of Business
1637 E Mulberry Dr

3. Mailing Address
1637 E Mulberry Dr

Suite, Apt. #, etc.
APT B

Suite, Apt. #, etc.
B

City & State
Tampa FL 33604

City & State
Tampa FL

Zip
33604

Country
Hillborough

Zip
33604

Country
Hillborough

08052005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0655498

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRERAS, SANTIAGO M JR
2722A TAMPA BAY BLVD
TAMPA, FL FL

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 re-electing) DATE *09/20/05--01098--019 **150.00*

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
GEANJAGUE GONZALEZ, GEOVANY
1716 EAST KIRBY ST
TAMPA, FL 33604

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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Geanjague Geovany
1637 E Mulberry Dr
Tampa FL 33604

☒ Change ☐ Addition

TITLE
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

I will like to Have my \$400.00 Fee
wave please Do to the reason that
I never got the report Form on the
mail

Thanks

Geovany JeanJague

Geovany trim Inc.

