2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 08:00 Al Secretary of State DOCUMENT # P04000028561 1. Entity Name JEFFREY L. BUSS TRIM, INC. Principal Place of Business Mailing Address 13464 BANNER RD. 13464 BANNER RD. SPRING HILL, FL 34609 SPRING HILL, FL 34609 04162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0951535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUSS, JEFFREY L DO NOT WRITE 13464 BANNER RD SPRING HILL, FL 34609 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE **000000909021 \$5.00 May Be 9. Election Campaign Financing 05/06/08-80054-013 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PVST** BUSS, JEFFREY L NAME STREET ADDRESS 13464 BANNER RD. CHY-SI-ZIP SPRING HILL, FL 34609 TITLE STREET ADDRESS CHY-SI-ZIIY STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

12. Thereby 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 oair, 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:

STREET ADDRESS CITY-ST-ZIP

LAPPEN TO BUS SIGNING OFFICER OR DIRECTOR

4/16/08 352-684-2741

FILED