# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000030474

Entity Name: PRECISION TRIM & REMODELLING SERVICE INC.

FILED Jan 06, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

445 GULF SHORE DR 445 GULF SHORE DR DESTIN, FL 32541 **UNIT 205** 

DESTIN, FL 32541

**Current Mailing Address: New Mailing Address:** 

445 GULF SHORE DR 445 GULF SHORE DR DESTIN, FL 32541 **UNIT 205** DESTIN, FL 32541

FEI Number: 51-0502910 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAWKINS, JAMES E JR. 445 GULF SHORE DR DESTIN, FL 32541

HAWKINS, JAMES E JR. 445 GULF SHORE DR **UNIT 205** DESTIN, FL 32541 US

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.

SIGNATURE: 01/06/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

# ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HAWKINS, JAMES E JR. HAWKINS, JAMES E JR. Name: Name: 445 GULF SHORE DR 445 GULF SHORE DR UNIT 205 Address: Address: City-St-Zip:

DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 US

Title: Title: VΡ (X) Change ( ) Addition () Delete THATCHER, JEFFERY L THATCHER, JEFFERY L Name: Name:

P.O.BOX 2178 P.O.BOX 2178 Address: Address:

SANTA ROSA BCH, FL 32459 SANTA ROSA BCH, FL 32459 US City-St-Zip: City-St-Zip:

Title: Title: () Delete ( ) Change (X) Addition Name: FOSTER, CHARLES E JR. Name:

101 OLD FERRY RD. Address: Address: City-St-Zip: City-St-Zip: SHALIMAR, FL 32579 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JAMES E. HAWKINS, JR. 01/06/2005