

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90032 002 \*\*\*150.00

00000000



1st MOORE CR2E034 (10/05)

**DOCUMENT # P04000030474**

1. Entity Name  
**PRECISION TRIM & REMODELLING SERVICE INC.**



Principal Place of Business  
**445 GULF SHORE DR  
UNIT 205  
DESTIN FL 32541**

Mailing Address  
**445 GULF SHORE DR  
UNIT 205  
DESTIN FL 32541**

2. Principal Place of Business  
Suite, Apt. #, etc.  
*same*

3. Mailing Address  
Suite, Apt. #, etc.  
*same*

City & State  
*same*

City & State  
*same*

Zip  
Country

Zip  
Country

4. FEI Number  
**51-0502910**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**HAWKINS, JAMES E JR.  
445 GULF SHORE DR  
UNIT 205  
DESTIN FL 32541**

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 *James Hawkins* (NOTE: Registered Agent signature required when re-listing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, JAMES E JR. 445 GULF SHORE DR UNIT 205 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COX, PATTIE 445 GULF SHORE DR UNIT 205 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>My name is PATTIE not Pattie</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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: *James Hawkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



ATTACHMENT  
66002852

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2006

PRECISION TRIM & REMODELLING SERVICE INC.  
445 GULF SHORE DR  
UNIT 205  
DESTIN, FL 32541

Subject: **PRECISION TRIM & REMODELLING SERVICE INC.**

Reference Number: **P04000030474**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION