


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90196 003 ***150.00

DOCUMENT # P04000038851 1. Entity Name TNT TRIM OUTS, INC			
Principal Place of Business RT 19, BOX 886 LAKE CITY, FL 32025		Mailing Address RT 19, BOX 886 LAKE CITY, FL 32025	
2. Principal Place of Business 235 SE Deen St Suite, Apt. #, etc.		3. Mailing Address 235 SE Deen St Suite, Apt. #, etc.	
City & State LC, FL		City & State LC, FL	
Zip 32025		Zip 32025	
Country		Country	
4. FEI Number 20-0893543		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANNEN, LISA RT 19, BOX 886 LAKE CITY, FL 32025		7. Name and Address of New Registered Agent Name Lisa Brannen Street Address (P.O. Box Number is Not Acceptable) 235 SE Deen St City Lake City, FL Zip Code 32025	
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 <u><i>Lisa Brannen</i></u> DATE <u>4-25-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BRANNEN, TOMMY RT 19, BOX 886 LAKE CITY, FL 32025	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYANT, TILLMAN RT 4, BOX 7055 FT. WHITE, FL 32038	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANNEN, LISA RT 19, BOX 886 LAKE CITY, FL 32025	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Lisa Brannen</i></u> Lisa Brannen		Date <u>4-25-05</u> Daytime Phone # <u>386 867-4893</u>	