

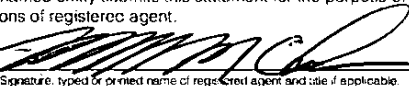



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90306 040 ***150.00

DOCUMENT # P04000043759 1. Entity Name TRIM GOBBLERS, INC.																									
Principal Place of Business 19133 SE FEARNFLEY DR TEQUESTA, FL 33489				Mailing Address 19133 SE FEARNFLEY DR TEQUESTA, FL 33489																					
2. Principal Place of Business 11960 S.W. 45TH ST. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2451 Suite, Apt. #, etc.																							
City & State OCALA, FL Zip 34481		City & State DUNNELLON, FL Zip 34430		4. FEI Number 04-3790345 Applied For <input type="checkbox"/> Not Applicable																					
Country MARION		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent CHAPMAN, RICHARD R 19133 SE FEARNFLEY DR TEQUESTA, FL 33489				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11960 S.W. 45TH ST. City OCALA FL Zip Code 34481																					
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  RICHARD R. CHAPMAN 4/15/2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHAPMAN, RICHARD R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19133 SE FEARNFLEY DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TEQUESTA, FL 33489</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	CHAPMAN, RICHARD R		STREET ADDRESS	19133 SE FEARNFLEY DR		CITY - ST - ZIP	TEQUESTA, FL 33489		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11960 S.W. 45TH ST.</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>OCALA, FL 34481</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	11960 S.W. 45TH ST.	CITY - ST - ZIP	OCALA, FL 34481
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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  RICHARD R. CHAPMAN 4/15/2005 (352) 5720654 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									