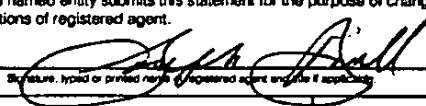
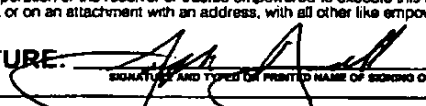


2006 FOR PROFIT CORPORATION REINSTATEMENT

03-01-2006 90036 021 ***308.75
P04000048333

DOCUMENT # P04000048333			
1. Entity Name JODY NEWELL TRIM INC			
Principal Place of Business 236 JASMINE ROAD ST AUGUSTINE, FL 32086		Mailing Address 236 JASMINE ROAD ST AUGUSTINE, FL 32086	
2. Principal Place of Business 5900 Rio Royale Rd. Suite, Apt. #, etc.		3. Mailing Address 5900 Rio Royale Rd. Suite, Apt. #, etc.	
City & State St. Augustine, FL Zip 32086		City & State St. Augustine, FL Zip 32086	
Country St. Johns		Country St. Johns	
4. FEI Number 20-43585888		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWELL, JOSEPH 236 JASMINE ROAD ST AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent Name Joseph Newell Street Address (P.O. Box Number is Not Acceptable) 5900 Rio Royale Rd. City St. Augustine FL Zip Code 32086	
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 		DATE 2/20/06	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES NAME NEWELL, JOSEPH STREET ADDRESS 236 JASMINE ROAD CITY-ST-ZIP ST AUGUSTINE, FL 32086		TITLE PRES NAME Joseph Newell STREET ADDRESS 5900 Rio Royale Rd. CITY-ST-ZIP St Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby 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 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 		DATE 2-20-06	

FILED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



02222006 REIN-P CR2E098 (11/05)

05-06

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