



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90034 031 \*\*\*150.00

<b>DOCUMENT # P04000068510</b> 1. Entity Name <b>TROY'S INTERIOR TRIM CARPENTRY, INC.</b>					
Principal Place of Business <b>129 EAST MARION AVENUE PUNTA GORDA, FL 33950 US</b>			Mailing Address <b>129 EAST MARION AVENUE PUNTA GORDA, FL 33950 US</b>		
2. Principal Place of Business <b>24313 Henry Morgan Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>24313 Henry Morgan Blvd</b> Suite, Apt. #, etc.			
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>		4. FEI Number <b>20-1150130</b>	
Zip <b>33955</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STURGES, ERNEST W JR. 18501 MURDOCK CIRCLE SUITE 501 PORT CHARLOTTE, FL 33948</b>				7. Name and Address of New Registered Agent Name <b>Troy E Towsey</b> Street Address (P.O. Box Number is Not Acceptable) <b>24313 Henry Morgan Blvd</b> City <b>Punta Gorda, FL</b> Zip Code <b>33955</b>	
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 <i>Troy E Towsey</i> <b>Troy E Towsey</b> DATE <b>1/21/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS TOWSEY, TROY E 129 EAST MARION AVENUE PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT TOWSEY, MARCY L 129 EAST MARION AVENUE PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Troy E Towsey</i> <b>Troy E Towsey</b> DATE <b>1/21/06</b> DAYTIME PHONE # <b>941-639-3773</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					