

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000068510

1. Entity Name

TROY'S INTERIOR TRIM CARPENTRY, INC.



Principal Place of Business

24313 HENRY MORGAN BLVD
PUNTA GORDA, FL 33950 US

Mailing Address

24313 HENRY MORGAN BLVD
PUNTA GORDA, FL 33950 US



01092008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1150130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWSEY, TROY E
24313 HENRY MORGAN BLVD
PUNTA GORDA, FL 33955

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000914762
05/08/08-80068-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME TOWSEY, TROY E
STREET ADDRESS 24313 HENRY MORGAN BLVD
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE VPT
NAME TOWSEY, MARCY L
STREET ADDRESS 24313 HENRY MORGAN BLVD
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 941-637-9686