

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000084074

1. Entity Name
BILL'S TRIM SHOP, INC.



Principal Place of Business
**2820 W CERVANTES ST
PENSACOLA, FL 32505 US**

Mailing Address
**2820 W CERVANTES ST
PENSACOLA, FL 32505 US**



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1180662

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRABB, JOHNNY L
10020 REBEL RD
PENSACOLA, FL 32506**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000472967
03/20/06 00015 010-150.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
CRABB, JOHNNY L
STREET ADDRESS
10020 REBEL RD
CITY-ST-ZIP
PENSACOLA, FL 32506

TITLE
VP
NAME
MORGAN, JAMES A
STREET ADDRESS
1138 WEST 9 1/2 MILE ROAD
CITY-ST-ZIP
PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Johnny L Crabb **Johnny L Crabb President** **3-13-06 850-433-104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #