

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90039 004 \*\*\*150.00

**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**

40017760



**DO NOT WRITE IN THIS SPACE**

01102007 No Chg-P CR2E034 (11/05)

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**

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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 *Johnny L Crabb* *Johnny L Crabb President* *1-12-07*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS: \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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	

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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: *Johnny L Crabb* *Johnny L Crabb President* *1-12-07* *850 433-1043*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Phone #