2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90004-004-$150.00-$150.00

FILED
07 OCT 11 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000087437

1. Entity Name
PROTRIM INSTALLATION, INC.

Principal Place of Business	Mailing Address
2507 ANNE AVENUE PANAMA CITY BEACH, FL 32408 US	981 HIGHWAY 98 EAST SUITE 3 #133 DESTIN, FL 32541 US

05082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
144 SOUTH SHORE DR	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN FL	City & State
Zip: 32550 Country: WALTON	Zip Country

4. FEI Number: APPLIED FOR ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENARD, TOMMY 2507 ANNE AVENUE PANAMA CITY BEACH, FL 32408	Name: TOMMY MENARD Street Address (P.O. Box Number is Not Acceptable): 144 SOUTH SHORE DR City: DESTIN FL Zip Code: 32550

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: _____ 8/20/07
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
Due by September 14, 2007

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MENARD, TOMMY 242 TWIN LAKES DRIVE DESTIN, FL 32541	☐ Delete	P TOMMY MENARD 144 SOUTH SHORE DR DESTIN FL 32550	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MENARD, TERRY 145 SOUTH SHORE DRIVE DESTIN, FL 32550	☐ Delete	ST. TERRY MENARD 144 SOUTH SHORE DR DESTIN, FL 32550	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/15	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #