2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2006 90170 019 ***158.75
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 26 PM 3:02

04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000106283

1. Entity Name
TRIM PRO ENTERPRISES INC.

Principal Place of Business	Mailing Address
4648 29TH STREET SW LEHIGH ACRES, FL 33971 US	4648 29TH STREET SW LEHIGH ACRES, FL 33971 US

2. Principal Place of Business	3. Mailing Address
2617 14th Street West	2617 14th Street West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, FL	City & State: Lehigh Acres FL
Zip: 33971-5456 Country: USA	Zip: 33971-5456 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, EARL R.
322 GUNNERY ROAD
SUITE D
LEHIGH ACRES, FL 33971

7. Name and Address of New Registered Agent

Name: LAWRENCE, DAVID K
Street Address (P.O. Box Number is Not Acceptable): 2617 14th Street West
City: Lehigh Acres FL Zip Code: 33971

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]
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, 2006 Fee will be $550.00

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

4-28-06

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE, DAVID K 4648 29TH STREET SW LEHIGH ACRES, FL 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE, DAVID K 2617 14th St West Lehigh Acres, FL 33971-5456	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lawrence, PATRICIA A 2617 14th Street West Lehigh Acres FL 33971 5456	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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] DAVID K. LAWRENCE PRES 4-28-06 239-707-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #