

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90065 030 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P04000109323 1. Entity Name INDEPENDENT TRIM, INC. | | | |
| Principal Place of Business 4215 COQUINA CIRCLE APT E BRADENTON, FL 34208 | | Mailing Address 4215 COQUINA CIRCLE APT E BRADENTON, FL 34208 | |
| 2. Principal Place of Business 1382 Carlton Arms Dr Suite, Apt. #, etc. Apt C City & State BRADENTON, FL Zip 34208 | | 3. Mailing Address 1382 Carlton Arms Dr Suite, Apt. #, etc. Apt C City & State BRADENTON, FL Zip 34208 | |
| 4. FEI Number 20-1405823 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 05012006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent MARCEY, DAVID W 16201 MIDWAY ROAD MYAKKA CITY, FL 34251 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARCEY, DAVID W 4215 COQUINA CIRCLE, APT E BRADENTON, FL 34208 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARCEY, DAVID W. 1382 CARLTON ARMS DR, APT C BRADENTON, FL 34208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>David Marcey</u> <u>DAVID MARCEY</u> | | Date <u>4/28/06</u> Daytime Phone # | |