

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 13 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000117488	
1. Entity Name HILL'S CUSTOM TRIM WORKS, INC.	

Principal Place of Business 887 COLE RD JACKSONVILLE, FL 32218	Mailing Address 887 COLE RD JACKSONVILLE, FL 32218
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2. Principal Place of Business 887 Cole Rd.	3. Mailing Address 887 Cole Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Florida	City & State Jacksonville Florida
Zip 32218	Zip 32218
Country DUAL	Country DUAL

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6. Name and Address of Current Registered Agent HILL, TONY 887 COLE RD JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name TONY Hill Street Address (P.O. Box Number is Not Acceptable) 887 Cole Rd. City Jacksonville FL Zip Code 32218	
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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 Tony Hill (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, TONY 887 COLE RD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hill Tony 887 Cole Rd Jacksonville FL, 32218 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, EDWARD 4581 HARRIETT BLUFF RD WOODBINE, GA 31569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Smith Edward 4581 Harriett Bluff Rd. Woodbine, GA 31569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, SAMUEL W 1616 SCRUBBY BLUFF KINGSLAND, GA 31548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000085837590 01/23/07--01007--002 ***308.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

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: Tony R. Hill 1-12-07 309-0197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JAN 12 2007