


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90001 030 \*\*\*150.00

**DOCUMENT # P04000146070**

1. Entity Name  
**WILFRED MARTIN TRIM CARPENTRY, INC.**



**60038621**



08302006 Chg-P CR2E034 (11/05)

Principal Place of Business  
**2016 CARLTON DR**  
**ORLANDO, FL 32806**

Mailing Address  
**2016 CARLTON DR**  
**ORLANDO, FL 32806**

2. Principal Place of Business  
**2415 S. Shine Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2415 S. Shine Ave**  
 Suite, Apt. #, etc.

City & State  
**Orl, FL**

City & State  
**Orl, FL**

Zip  
**32806** Country  
**USA**

Zip  
**32806** Country  
**USA**

4. FEI Number  
**91-2057387**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTIN, WILFRED**  
**2016 CARLTON DR**  
**ORLANDO, FL 32806**

**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 *W. Martin* DATE 8/30/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, WILFRED</b> <b>2016 CARLTON DR</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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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: *W. Martin* DATE 8/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

60038621

#P04000146070

WILFRED MARTIN TRIM CARPENTRY, INC.  
2415 SOUTH SHINE AVENUE  
ORLANDO, FLORIDA 32806  
(321) 945-1011

August 30, 2006

Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314

RE: Wilfred Martin Trim Carpentry, Inc.

Dear Sir/Madam:

This letter is to advise you that there was a change in my address during the last reporting year. Therefore, I was unable to process the annual report fee as required due to delay in receiving the Annual Report Notice. I understand that it is my responsibility to report the changes as they occur, however, it was an oversight, therefore causing my incorporation to be subjected to late fees.

I am enclosing for your review a copy of the Annual Report Notice with the forward label for your records. Also enclosed is my check for \$150.00 to renew my incorporation.

**Please note that my new and current address is 2415 South Shine Avenue, Orlando, Florida 32806.** Thank you for your understanding and cooperation in this matter. Please feel free to contact me at the number listed above should you have any questions regarding this matter.

Sincerely,



Wilfred L. Martin  
President  
Wilfred Martin Trim Carpentry, Inc.