


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90059 044 ***150.00

DOCUMENT # P05000021395	
1. Entity Name SOUTHERN TRIM INC	

Principal Place of Business 6290 SAND HILL ROAD GREEN COVE SPRINGS, FL 32047	Mailing Address 6290 SAND HILL ROAD GREEN COVE SPRINGS, FL 32047
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2. Principal Place of Business - No P.O. Box # 1544 Kingsley Ave	3. Mailing Address 1544 Kingsley Ave
Suite, Apt. #, etc. Suite # 2	Suite, Apt. #, etc. Suite # 2
City & State Orange Park, FL	City & State Orange Park, FL
Zip 32073	Zip 32073
Country USA	Country USA



03292007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2310985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLANK, DALE 6290 SAND HILL ROAD GREEN COVE SPRINGS, FL 32047	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PLANK, DALE 6290 SAND HILL ROAD GREEN COVE SPRINGS, FL 32047 <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:  **3-29-07** **9045454014**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #