2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000029294

1. Entity Name BCW TRIM, INC.

FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

3249 RIVERVIEW LANE PORT ORANGE, FL 32127 Mailing Address

3249 RIVERVIEW LANE PORT ORANGE, FL 32127



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04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2447654	Applied For Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOODS, BILLY C. 3249 RIVERVIEW LANE PORT ORANGE, FL 32127

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				Ш	TIIO OI AOL
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signaturi	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		,	
TITLE NAME STREET ADDRESS CITY-ST-2IP	DP WOODS, BILLY C. 3249 RIVERVIEW LANE PORT ORANGE, FL 32127			•	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP -			,		
 I hereby of indicated of the corchanged. 	certify that the information supplied with this fi on this report or supplemental report is true e poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exe and accurate and that my signatu to execute this report as require other like empowered.	mptions cor ure shall hav ed by Chap	ntained in Chapter 119 ve the same legal effec ter 607, Florida Statute	Florida Statutes. I further certify that the information at as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR