2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # P05000074049 1. Entity Name D & B TRIM WORK INC.							01-27-2006	5 900 3 0 (50.00	
Principal Place	e of Business	• · · · · · · · · · · · · · · · · · · ·	Mailing Address								
1402 HOLY COW RD			P 0 B0X 115								
POLK CITY, FL 33868 POLK CITY, FL 33868											
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2. Principal Place of Business			3. Mailing Address						I Te lih bibib i t i		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242006	Chg-P	CR2E03	14 (11/05)		
City & State			City & State		4. FEI Number	10609		_ 	plied For t Applicable		
Zip	Zip Country		Zip	Zip Country		20-2910609 Not Applicable 5. Certificate of Status Desired \$8.75 Additional					
								ee Required	1		
	6. Name	and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent						
TIPPETT, DANIEL_					Count Address (D.O. Brown) and a six Alexanded (County)						
1402 HOLY COW RD POLK CITY, FL 33868					Street Address (P.O. Box Number is Not Acceptable)						
<u> • • • </u>					City	City FL Zip Code					
	named entity ions of regist		for the purpose of changing	ng its register	red office or register	ed agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered age	ent and little if applicable.	(NOTE: Registere	ed Agent signature required	I when reinstating)		DATE			
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.					ncing \$5.	.00 May Be ed to Fees					
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE				T CT							
1	PD	DANIEL	☐ Delete	TITL	- 1				☐ Change	Addition	
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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: MA

BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR