


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90178 033 \*\*\*150.00

**DOCUMENT # P05000155791**  
 1. Entity Name  
**LONNIE HENSLEY TRIM & UPHOLSTERY, INC**



Principal Place of Business  
**6631 MALONEY AVE  
 KEY WEST, FL 33040**

Mailing Address  
**6631 MALONEY AVE  
 KEY WEST, FL 33040**



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
**6631 MALONEY AVE AAA** **6631 MALONEY AVE AAA**

City & State  
**KEY WEST, FL** **KEY WEST, FL**

Zip Country  
**33040 USA** **33040 USA**

03022007 Chg-P CR2E034 (12/06)

4. FEI Number  
**29-3785374 20-5932798** Applied For  
 Not Applicable

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

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

**TODD, MARK  
 3312 NORTHSIDE DR  
 603  
 KEY WEST, FL 33040**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LONNIE, HENSLEY 6631 MALONEY AVE KEY WEST, FL 33040</b> <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	<b>CEO TODD, MARK 3312 NORTHSIDE DR #603 KEY WEST, FL 33040</b> <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:** Lonnie Hensley **4/16/2007** **305-295-9259**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #