

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90172 023 ***150.00

DOCUMENT # P06000008980

1. Entity Name
CUSTOM TRIM & FINISHING, INC.



Principal Place of Business
**1906 KATHLEEN AVENUE
CANTONMENT, FL 32533**

Mailing Address
**1906 KATHLEEN AVENUE
CANTONMENT, FL 32533**

2. Principal Place of Business - No P.O. Box #
1906 Kathleen Ave

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cantonment FL

City & State

Zip
32533

Country
ESP.

Zip

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number
03-0579192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARDS, PATRICK D
1906 KATHLEEN AVENUE
CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name
Patrick D. Richards
Street Address (P.O. Box Number is Not Acceptable)
1906 Kathleen Ave.

City
Cantonment **FL** Zip Code
32533

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 **Patrick D. Richards**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/10/07
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RICHARDS, PATRICK D
1906 KATHLEEN AVENUE
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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: **Patrick D. Richards**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/07 62393-1205
Date Daytime Phone #