


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90052 035 \*\*\*163.75

<b>DOCUMENT # P06000074074</b>			
1. Entity Name <b>HECTOR'S TRIM &amp; FINISH CARPENTRY INC.</b>			
Principal Place of Business <b>4202 W HALLOWAY RD LOT #10 PLANT CITY FL 33567</b>		Mailing Address <b>P.O. BOX 754 DOVER FL 33527</b>	
2. Principal Place of Business - No P.O. Box # <b>4202 W. Halloway RD</b>		3. Mailing Address <b>P.O. BOX 754</b>	
Suite, Apt. #, etc. <b>LOT #10</b>		Suite, Apt. #, etc. <b>DOVER FLORIDA</b>	
City & State <b>PLANT CITY FLORIDA</b>		City & State <b>DOVER FLORIDA</b>	
Zip <b>33567</b>	Country <b>U.S.A</b>	Zip <b>33527</b>	Country <b>U.S.A</b>



1st MOORE CR2E034 (10/06)

4. FEI Number <b>204953199</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>RODRIGUEZ, HECTOR R 4202 W HALLOWAY RD LOT #10 PLANT CITY FL 33567</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ 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 RODRIGUEZ, HECTOR R P.O. BOX 754 DOVER FL 33527</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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Hector R. Rodriguez* 01-30-07 813-508-2047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #