


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90057 012 ***158.75

DOCUMENT # P06000092864 1. Entity Name TRIM MASTERS CUSTOM CARPENTRY INC			
Principal Place of Business 1850 WAREHAM WAY CANTONMENT, FL 32533		Mailing Address 1850 WAREHAM WAY CANTONMENT, FL 32533	
2. Principal Place of Business - No P.O. Box # 1861 Wareham Way Suite, Apt. #, etc.		3. Mailing Address 1861 Wareham Way Suite, Apt. #, etc.	
City & State Cantonment, Florida Zip 32533		City & State Cantonment, Florida Zip 32533	
Country USA		Country USA	
4. FEI Number 20-5196651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROEHRIG, KRISTOPHER S 1850 WAREHAM WAY CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Kristopher S. Roehrig Street Address (P.O. Box Number is Not Acceptable) 1861 Wareham Way 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 4.29.07 <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P/D ROEHRIG, KRISTOPHER S 1850 WAREHAM WAY CANTONMENT, FL 32533	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP Roehrig, Kristopher S 1861 Wareham Way Cantonment, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T ROEHRIG, KRISTOPHER S 1850 WAREHAM WAY CANTONMENT, FL 32533	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4.29.07 Daytime Phone # 850-777-4754	