


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90144 044 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P06000112043</b>                 |  |
| 1. Entity Name<br><b>BRUCE KYLER TRIM INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>8325 PARR COURT NORTH<br/>JACKSONVILLE, FL 32216 US</b> | Mailing Address<br><b>8325 PARR COURT NORTH<br/>JACKSONVILLE, FL 32216 US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country |
|---|---|

02192007 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>56-2608054</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>ESKUCHE, BRUCE K<br/>8325 PARR COURT NORTH<br/>JACKSONVILLE, FL 32216</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br><b>P</b>                              | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ESKUCHE, BRUCE K</b>                |  | NAME  |   |
| STREET ADDRESS<br><b>8325 PARR COURT NORTH</b> |  | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>JACKSONVILLE, FL 32216</b>   |  | CITY-ST-ZIP   |   |
| TITLE<br><b>VP</b>                             | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>HYPES, ROBERT E</b>                 |  | NAME  |   |
| STREET ADDRESS<br><b>1982 EAST ROAD</b>        |  | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>JACKSONVILLE, FL 32216</b>   |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME  |   |
| STREET ADDRESS                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                                    |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME  |   |
| STREET ADDRESS                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                                    |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME  |   |
| STREET ADDRESS                                 |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                                    |  | CITY-ST-ZIP   |   |

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:** Bruce Eskuche **Bruce K. Eskuche** 3/26/07 9042412533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #