

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90012 038 ***150.00

DOCUMENT # P07000125954			
1. Entity Name TRIM LINE CARPENTRY, INC.			
Principal Place of Business 501 S. ORLANDO AVENUE COCOA BEACH, FL 32931 US		Mailing Address 501 S. ORLANDO AVENUE COCOA BEACH, FL 32931 US	
2. Principal Place of Business - No P.O. Box # 489 Seacrest Avenue Suite, Apt. #, etc.		3. Mailing Address 489 Seacrest Avenue Suite, Apt. #, etc.	
City & State Merritt Island, FL Zip 32952 Country USA		City & State Merritt Island, FL Zip 32952 Country USA	
4. FEI Number 26-145 7739		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KONOPNICKI, CHAD A 501 S. ORLANDO AVENUE COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name <u>Chad A. Konopnicki</u> Street Address (P.O. Box Number is Not Acceptable) 489 Seacrest Avenue City <u>Merritt Island</u> <u>FL</u> Zip Code <u>32952</u>	
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 <u>[Signature]</u> <u>Chad A. Konopnicki</u> <u>4-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 KONOPNICKI, CHAD A 501 S. ORLANDO AVENUE COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 489 Seacrest Avenue Merritt Island, FL 32952
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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-7-08</u> (407) 473-1865 <small>Daytime Phone #</small>	

Chad A. Konopnicki, President