

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018980

Entity Name: PELUSO'S TRIM COMPANY, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

6242 ARLINGTON WAY
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

6242 ARLINGTON WAY
FORT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 65-0394818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONESCALCHI, RICHARD J P A
6894 LAKE WORTH ROAD, STE. 203
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PELUSO, JOHN A
Address: 3274 TURTLE COVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: PELUSO, DAVID A
Address: 3274 TURTLE COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: D () Delete
Name: PELUSO, ROBERT
Address: 6242 ARLINGTON WAY
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: PELUSO, FABIAN
Address: 6242 ARLINGTON WAY
City-St-Zip: FORT PEIRCE, FL 34951

Title: P () Delete
Name: PELUSO, JOHN
Address: 6242 ARLINGTON WAY
City-St-Zip: FORT PEIRCE, FL 34951

Title: D () Delete
Name: PELUSO, ELENA
Address: 6242 ARLINGTON WAY
City-St-Zip: FORT PEIRCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. PELUSO

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date