

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90177 013 ***150.00

DOCUMENT # P93000031691

1. Entity Name
TIM'S TRIM & DESIGN, INC.



Principal Place of Business
15117 LANCER ROAD
SPRING HILL, FL 34610

Mailing Address
15117 LANCER ROAD
SPRING HILL, FL 34610

New Address
↓

2. Principal Place of Business

3. Mailing Address

341 Paradise LN

341 Paradise LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apalachicola

Apalachicola

City & State

City & State

FL

FL

Zip

Country

USA

Zip

Country

USA

01252006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3181298

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, TIMOTHY
15117 LANCER ROAD
SPRING HILL, FL 34610

Name

Lowe, Timothy

Street Address (P.O. Box Number is Not Acceptable)

341 Paradise LN

City

Apalachicola

FL

Zip Code

32320

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME LOWE, TIMOTHY
STREET ADDRESS 15117 LANCER ROAD
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME LOWE, LAURA
STREET ADDRESS 15117 LANCER ROAD
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Tim M. Lowe

Date

Daytime Phone #

4-19-06 x 727-992-8853