## 2006 FOR PROFIT CORPORATION

## Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P95000065038** 04-03-2006 90349 044 \*\*\*158.75 FIRST CHOICE TRIM, INC. QUUST Principal Place of Business Mailing Address 3233 CHIMNEY DRIVE 3233 CHIMNEY DRIVE MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 3. Mailing Address 3202 River Road 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03042006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Cove Springs FL Green 59-3345923 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32043 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VROOMAN, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 3233 CHIMNEY DRIVE MIDDLEBURG, FL 32068 3202 River 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2006, Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition VROOMAN, DEBORAH NAME 3207 River Road 3233 CHIMNEY DRIVE STREET ADDRESS STREET ADDRESS Green Cove Springs, FL CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP TITLE ☐ Delete TITLE VROOMAN, MICHAEL NAME NAME STREET ADDRESS 3233 CHIMNEY DRIVE STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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.

**FILED**