

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000065038

1. Entity Name
FIRST CHOICE TRIM, INC.



Principal Place of Business
3233 CHIMNEY DRIVE
MIDDLEBURG, FL 32068

Mailing Address
3202 RIVER RD
GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1352 Riviera Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Green Cove Springs

Zip

Zip
32043

Country
Clay

07052007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3345923

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VROOMAN, DEBBIE
3202 RIVER RD
GREEN COVE SPRINGS, FL 32043

Name

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

1352 Riviera Dr

City Green Cove Springs FL Zip Code
32043

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: Deborah A. Vrooman Deborah A. Vrooman Sec/Treas. 7/19/07

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

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: VROOMAN, DEBORAH
STREET ADDRESS: 3207 RIVER RD
CITY-ST-ZIP: GREEN COVE SPRINGS, FL 32043

Delete

TITLE: D
NAME: VROOMAN, MICHAEL
STREET ADDRESS: 3233 CHIMNEY DRIVE
CITY-ST-ZIP: MIDDLEBURG, FL 32068

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

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: Deborah A. Vrooman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07 904-284-0709

Date

Daytime Phone #



| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1352 Riviera Dr Green Cove Springs FL 32043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1352 Riviera Dr Green Cove Springs FL 32043 |
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