2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000004539

AL'S INTERIOR TRIM WORKS, INC.

FILED Jan 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2819 JOHIO SHORES ROAD OCOEE, FL 34761

2819 JOHIO SHORES ROAD OCOEE, FL 34761



01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3422467 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOVER, ALAN M 2819 JOHIO SHORES ROAD OCOEE, FL 34761

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8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered of	ttice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Age	nt si çnat ure	required when rainstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CRTY-ST-ZIP	D HOOVER, ALAN M 2819 JOHIO SHORES ROAD OCOEE, FL 34761			-	01/23/04-80033-007 150.00	
TITLE NAME STREET ADDRESS CITY -ST-ZIP	TS HOOVER, SUSAN 2819 JOHIO SHORES RD OCOEE, FL 34761			nirc3r04- o uu34-00€ 130.[N		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADGRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
title Name Sireet address						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath; 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: _

Can M. Hoon SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Alan M. Hooven