

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010373

Entity Name: NICK'S CUSTOM TRIM, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

23058 HARBOR VIEW ROAD
UNIT A
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

23058 HARBOR VIEW ROAD
UNIT A
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 65-0738113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, DAVID B
23462 PATERA AVE
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

MAUREEN, CASTELLI
1525KOLENDA STREET
PORT CHARLOTTE, FL 33980 US

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: MAUREEN CASTELLI

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: CASTELLI, MAUREEN
Address: 1525 KOLENDA AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D () Delete
Name: GOLDSTEIN, DAVID B
Address: 23462 PATERA AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: VP (X) Delete
Name: CASTELLI, JOHN N
Address: 4801 MANILA AVENUE
City-St-Zip: NORTH PORT, FL 34288 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CASTELLI, JOHN N
Address: 4801 MANILA AVENUE
City-St-Zip: NORTHPORT, FL 34288 US

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: MAUREEN CASTELLI

P/S

01/07/2008

Electronic Signature of Signing Officer or Director

Date