

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010373

Entity Name: NICK'S CUSTOM TRIM, INC.

FILED  
Jan 10, 2009  
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:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC.      ( ) Change (X) Addition  
Name: ALLISON, CHARLES N  
Address: 2831 VERDA TERRACE  
City-St-Zip: NORTH PORT, FL 34286

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

PS

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date