

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90280 002 \*\*\*150.00

**DOCUMENT # P97000046898**

1. Entity Name  
**TRIMBLE SCREENS, INC.**



Principal Place of Business  
1689 NORTH HIATUS ROAD #213  
PEMBROKE PINES, FL 33026

Mailing Address  
1689 NORTH HIATUS ROAD #213  
PEMBROKE PINES, FL 33026

70061299



03012006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0760615  
Applied For  
Not Applicable

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

2. Principal Place of Business  
**2114 N. FLAMINGO Rd.**  
Suite, Apt. #, etc.  
**# 1109**

3. Mailing Address  
**2114 N. FLAMINGO Rd.**  
Suite, Apt. #, etc.  
**# 1109**

City & State  
**PEMBROKE PINES, FL**  
Zip  
**33028**  
Country  
**USA**

City & State  
**PEMBROKE PINES, FL**  
Zip  
**33028**  
Country  
**USA**

6. Name and Address of Current Registered Agent  
**GONZALEZ, DON ESQ**  
**9050 PINES BOULEVARD #450-F**  
**PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**  
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMBLE, TIMOTHY C		NAME	TRIMBLE, TIMOTHY C	
STREET ADDRESS	1689 NORTH HIATUS ROAD #213		STREET ADDRESS	2114 N. FLAMINGO Rd # 1109	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMBLE, LYDIA M		NAME	TRIMBLE, LYDIA M	
STREET ADDRESS	1689 NORTH HIATUS ROAD #213		STREET ADDRESS	2114 N. FLAMINGO Rd # 1109	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Lydia M Trimble VPD** **LYDIA M TRIMBLE** 3/1/06(305)819-2902  
Signature and typed or printed name of signing officer or director Date Daytime Phone #