

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000006137 1. Entity Name D & L CUSTOM INTERIOR TRIM, INC.	
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Principal Place of Business 500 DUQUE RD LUTZ, FL 33549	Mailing Address 500 DUQUE RD LUTZ, FL 33549
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U00000327028
05/20/08-80090-008 150.00



DO NOT WRITE IN THIS SPACE

04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3493267	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURCHER, RICHARD 500 DUQUE RD LUTZ, FL 33549	DO NOT WRITE IN THIS SPACE
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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 reissuing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BURCHER, RICHARD 500 DUQUE RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURCHER, LORRAINE J 500 DUQUE RD LUTZ, FL 33549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.
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SIGNATURE: <i>Lorraine J. Burcher-Kiss</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4-22-08 Date	Daytime Phone: 813-949-7217 Daytime Phone
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LORRAINE J BURCHER