

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90029 005 ***150.00

DOCUMENT # P98000022492

1. Entity Name
JEFF TRIM, INC.



Principal Place of Business
**4061 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411**

Mailing Address
**4061 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411**

04030178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0814178

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GEORGE, JOHN P
4061 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GEORGE, JOHN P	
STREET ADDRESS	4061 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES, REED	
STREET ADDRESS	4061 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLOOD, RICHARD	
STREET ADDRESS	4061 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN P. GEORGE	
STREET ADDRESS	2442 BAY VILLAGE CIRCLE	
CITY-ST-ZIP	PALE BEACH GARDENS, FL 33410	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES REED	
STREET ADDRESS	11716 TANGERINE BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD BLOOD	
STREET ADDRESS	13630 KEYLIME BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMIAN FRANK	
STREET ADDRESS	749 CAMELLIA DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

561-722-7971

Daytime Phone #