

DOCUMENT # P98000027331
1. Entity Name
FANTASY TRIM WORKS, INC.

Principal Place of Business
2212 SE 15TH TERR
CAPE CORAL FL 33990

Mailing Address
2212 SE 15TH TERR
CAPE CORAL FL 33990

2. Principal Place of Business
817 Julia St.
Suite, Apt. #, etc.

3. Mailing Address
817 Julia St
Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers FL

Zip
33916

Country
USA / LEE

Zip
33916

Country
USA / LEE

6. Name and Address of Current Registered Agent
SCROGGINS, JEROME
2212 SE 15TH TERR
CAPE CORAL FL 33990

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90047 046 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0822090

Applied For
☒ Not Applicable

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

7. Name and Address of New Registered Agent

Name Michael S. Scroggins

Street Address (P.O. Box Number is Not Acceptable)
817 Julia St

City Fort Myers, FL Zip Code 33916

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.

SIGNATURE Jerome Scroggins Jerome Scroggins 01-03-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCROGGINS, MICHAEL 2021 WEST 1ST STREET SUITE A FT. MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCROGGINS, JEROME G 2021 WEST 1ST STREET SUITE A FT. MYERS FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael S. Scroggins President 01-03-01 (941)770-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)