2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000051402

1. Entity Name
SCOTT BEHM TRIM INC.

Principal Place of Business	Mailing Address
317 CYPRESS LANE PALM SPRINGS, FL 33461	317 CYPRESS LANE PALM SPRINGS, FL 33461

07052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0842659
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIESLING, ROBERT
1101 N. CONGRESS AVENUE
#203
BOYNTON BEACH, FL 33426

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

FILE NOW!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEHM, SCOTT
STREET ADDRESS	317 CYPRESS LANE
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/06-80028-002 158.75

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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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR MANAGER OR DIRECTOR — Date — Daytime Phone #