2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 08:00 AM Secretary of State **DOCUMENT # P98000102218** GEOFFREY BUNNELL'S CLASSIC SOUTHERN TRIM, INC. Principal Place of Business Mailing Address 26835 COUNTY RD 44A 26835 COUNTY RD 44A EUSTIS, FL 32736 EUSTIS, FL 32736 02262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3549923 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **BUNNELL, GEOFFREY** 26835 COUNTY RD 44A EUSTIS, FL 32736 IN THIS SPACE 3. 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 iamiliar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U000000112189 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees <u>04/14/04-80013-016 150 00</u> OFFICERS AND DIRECTORS 10. TITLE **BUNNELL, GEOFFREY** NUME STREET ADDRESS 26835 CR 44A EUSTIS, FL 32736 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP