


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S67900</b>	
<b>1. Entity Name</b> NORTH FLORIDA TRIM SERVICE, INC.	

<b>Principal Place of Business</b> 3176 RICKY DR JACKSONVILLE, FL 32223	<b>Mailing Address</b> 3176 RICKY DR JACKSONVILLE, FL 32223
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



05062004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3100507	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  ARNOLD, KATHLEEN D 3176 RICKY DR JACKSONVILLE, FL 32223
---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>
---	---	---

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DPT ARNOLD, KATHLEEN D 3176 RICKEY DR JACKSONVILLE, FL 32223
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DVP ARNOLD, CLIFFORD J 3176 RICKEY DRIVE JACKSONVILLE, FL 32223
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DVP ARNOLD, BRYAN H 3347 LAUREL GROVE NORTH JACKSONVILLE, FL 32223
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000158995 05/10/04-80013-002 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.**

<b>SIGNATURE:</b> 	<b>5/6/04</b>	<b>(904) 237-1637</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>