

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67900

FILED
Apr 29, 2007
Secretary of State

Entity Name: NORTH FLORIDA TRIM SERVICE, INC.

Current Principal Place of Business:

3176 RICKY DR
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

3176 RICKY DR
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3100507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, CLIFFORD J
3176 RICKY DR
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

ARNOLD, KATHLEEN D
3176 RICKY DR
JACKSONVILLE, FL 32223 US

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: KATHLEEN D ARNOLD

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ARNOLD, CLIFFORD J
Address: 3176 RICKY DR
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DVP () Delete
Name: ARNOLD, BRYAN H
Address: 3347 LAUREL GROVE N
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARNOLD, CLIFFORD J
Address: 3176 RICKY DR
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECY () Change (X) Addition
Name: ARNOLD, KATHLEEN D
Address: 3176 RICKY DR
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD J ARNOLD, SR

DP

04/29/2007

Electronic Signature of Signing Officer or Director

Date