## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V14913

Apr 28, 2004 Secretary of State

Entity Name: THE GINGERBREAD TRIM COMPANY

2271 N ST LUCIE POINT

HERNANDO, FL 34442

HOPPLE, WILLIAM C

4230 UTE COURT

ESTERO, FL 33928

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

**Current Principal Place of Business: New Principal Place of Business:** 23264 HARBORVIEW PORT CHARLOTTE, FL 33980 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 496200 PORT CHARLOTTE, FL 339496200 US FEI Number: 65-0324708 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, CLIF R P CAMPBELL, CLIF R P 29062 RIVERVIEW LANE 32600 SERÉNE DRIVE PUNTA GORDA, FL 33982 US PUNTA GORDA, FL 33982 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: 04/28/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CAMPBELL, CLIF R CAMPBELL, CLIF R Name: Name: 29062 RIVERVIEW LANE 32600 SERENE DRIVE Address: Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: PUNTA GORDA, FL 33982 ٧S Title: ٧S Title: () Delete (X) Change ( ) Addition CAMPBELL, BETSY J CAMPBELL, BETSY J Name: Name: 29062 RIVERVIEW LANE 32600 SERENE DRIVE Address: Address: PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition KLINE, JOHN E Name: Name:

City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition YOUNG, NANCY E Name: Name: YOUNG, NANCY E

320 WINDY ROW Address: 2271 N ST LUCIE POINT Address: W. PETERBOROUGH, NH 03468 City-St-Zip: City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CLIF CAMPBELL **PRES** 04/28/2004

() Change () Addition