


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # V25475		
1. Entity Name TRIM WORKS, INC.		
Principal Place of Business 12214 KITTEN TR. HUDSON, FL 34669 US	Mailing Address PO BOX 6132 SPRING HILL, FL 34606 US	



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HEIBECK, RICHARD L 12214 KITTEN TR. HUDSON, FL 34669

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HEIBECK, RICHARD L 12214 KITTEN TR. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIBECK, RICHARD L 12214 KITTEN TR. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ANDERSON, SHEILA R 12214 KITTEN TRAIL HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:  RICHARD HEIBECK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 12707 727808
Date Daytime Phone # 925