

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90083 006 \*\*\*150.00

**DOCUMENT # V46210**

1. Entity Name

SCHROCK'S TRIM & BUILDING SUPPLY, INC.



Principal Place of Business

3357 MARKO STREET  
 SARASOTA FL 34237

Mailing Address

3357 MARKO STREET  
 SARASOTA FL 34237

01001000

2. Principal Place of Business

4536 Baycedar Lane  
 Suite, Apt. #, etc.

3. Mailing Address

4536 Baycedar Lane  
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Sarasota, Fl.

City & State

Sarasota, Fl.

4. FEI Number

65-0346016

Applied For

Not Applicable

Zip

34241

Country

USA

Zip

34241

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROCK, RICHARD D  
 3357-MARKO STREET  
 SARASOTA-FL-34237

4536 Baycedar Lane  
 Sarasota, Fl.  
 34241

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: S  Delete  
 NAME: DOZIER, CHARLES  
 STREET ADDRESS: 362 SCOTT AV  
 CITY-ST-ZIP: SARASOTA FL 34243

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VP  Delete  
 NAME: SCHROCK, SHAWN  
 STREET ADDRESS: 3357 MARKO STREET  
 CITY-ST-ZIP: SARASOTA FL 34237  
*change of address*

TITLE: V. P.  Change  Addition  
 NAME: Shawn Schrock  
 STREET ADDRESS: 4716 Cronin Dr.  
 CITY-ST-ZIP: Sarasota, FL 34232

TITLE: P  Delete  
 NAME: SCHROCK, RICHARD  
 STREET ADDRESS: 3357 MARKO STREET  
 CITY-ST-ZIP: SARASOTA FL 34237  
*change of address*

TITLE: President  Change  Addition  
 NAME: Schrock, Richard  
 STREET ADDRESS: 4536 Baycedar Lane  
 CITY-ST-ZIP: Sarasota, FL 34241

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: Secretary  Change  Addition  
 NAME: Kendall Knepp  
 STREET ADDRESS: 4716 Cronin Dr.  
 CITY-ST-ZIP: Sarasota, Fl. 34232

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

12. I hereby certify that the information supplied with this filing 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:** *Richard D. Schrock* RICHARD D SCHROCK 1-26-04 941-925-8326  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #