

STATE OF COLORADO  
**DONETTA DAVIDSON**  
SECRETARY OF STATE  
1560 BROADWAY STE 200  
DENVER CO 80202-5169

PRESORTED  
FIRST CLASS MAIL  
U.S. POSTAGE PAID  
DENVER, COLORADO  
Permit No. 119

RETURN SERVICE REQUESTED

20051144620 M

\$ 45.00

SECRETARY OF STATE

04-06-2005 09:41:47

***Failure to file this card within  
60 days shall result in administrative  
dissolution/revocation 4632  
Due \$45.00 on or before 04/30/2005  
20021315281 DPC ST/CTRY OF INC CO***

HERMOSA TRIM COMPANY, INC.  
152 HERMOSA CIR  
DURANGO CO 81301

LSDBAP1 81301



Please e-file this mandatory Report for a **REDUCED FEE** at [www.sos.state.co.us](http://www.sos.state.co.us), & click on Business C

This **Annual Report** is required by § 7-90-501, C.R.S. for the entity identified on the reverse side. If you fil  
postcard, it must be typed or legibly handwritten and state current information. You must complete lines 1 an  
this Report will be rejected. If this Report is rejected, you will NOT receive a refund or notice of rejecti

**1. NAME OF INDIVIDUAL RESPONSIBLE FOR THE ACCURACY OF REPORT:**

Olivier Gerald Douglas  
(Last Name) (First Name) (Middle Name) (S

**2. ADDRESS OF INDIVIDUAL RESPONSIBLE FOR THE ACCURACY OF REPORT:**

152 Hermosa Circle Durango CO 81301  
(Street/PO Box) (City) (State) (Zip/Postal Code)

☒ Mark box if information requested below is current in the records of the Secretary of State OR complete 3-5.

**3. ADDRESS OF ENTITY'S PRINCIPAL OFFICE:**

(Street and, if different, mailing address) (City) (State) (Zip/Postal Code)

**4. NAME OF ENTITY'S REGISTERED AGENT:** *This person has consented to being so appointed.*  
**EITHER** an Individual:

(Last Name) (First Name) (Middle Name) (S

**OR** a Business Organization:

**5. STREET ADDRESS OF REGISTERED AGENT (must be a CO address):**

(Street address) (City) (State) (Zip/Postal Code)

**MAILING ADDRESS OF REGISTERED AGENT (if different from above):**

(Mailing address) (City) (State) (Zip/Postal Code)

**Deliver this Report** and the fee stated on the reverse side to 1560 Broadway Ste 200, Denver CO 80202. This  
Report must be **received** (not postmarked) on or before the date due stated on the reverse side. Questions? Vi  
[www.sos.state.co.us](http://www.sos.state.co.us), and click on Business Center; e-mail [sos.business@sos.state.co.us](mailto:sos.business@sos.state.co.us); call 303 894 2200 pres  
or fax 303 869 4864. **If this Report is rejected, no refund or notice will be given. No signature is required.**  
**If you e-file, the Report will not be rejected, filing is real time, and the fee is lower.** Form 7.90.501 revised 5/21/