

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005090

Entity Name: KARAVAN TRAILERS, INC.

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

1599 TIONIA ROAD
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

100 KARAVAN DRIVE
FOX LAKE, WI 539330027 US

New Mailing Address:

FEI Number: 39-1561090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOYD, SCOTT A
Address: W7120 OAKDALE DRIVE
City-St-Zip: BEAVER DAM, WI 53916 US

Title: DT () Delete
Name: BOYD, JAMES A
Address: W7458 HILLENDALE PKWY
City-St-Zip: BEAVER DAM, WI 53916 US

Title: VP () Delete
Name: BOYD, MICHAEL J
Address: BOX 217A W2135 HWY N.
City-St-Zip: RUBICON, WI 53078 US

Title: VP () Delete
Name: DETUNCQ, EDWARD E
Address: N7514 EDGEWATER DRIVE
City-St-Zip: BEAVER DAM, WI 53916 US

Title: S () Delete
Name: BOYD, YVONNE
Address: W7458 HILLENDALE PKWY
City-St-Zip: BEAVER DAM, WI 53916 US

Title: T () Delete
Name: BOYD, JAMES A
Address: W7458 HILLENDALE PKWY
City-St-Zip: BEAVER DAM, WI 53916 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: EDWARD E DETUNCQ

VP

03/28/2008

Electronic Signature of Signing Officer or Director

Date