FILED
Aug 12, 2005 8:00 am
Secretary of State

07-11-2005 90117 034 ***150.00
08-12-2005 90003 010 ***400.00

J00013J42

07052005 Chg-P CR2E034 (10/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000060948

1. Entity Name
TRAILERS R US OF N.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
323 N.E. RACETRACK RD. FT. WALTON BEACH, FL 32547 US	323 N.E. RACETRACK RD. FT. WALTON BEACH, FL 32547 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-1072208 ☐ Applied For ☐ Not Applicable

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
GUNTER, JERALD 44L0 S. MINSTER CR. NICEVILLE, FL 32578	Name: Christopher S. Williams Street Address (P.O. Box Number is Not Acceptable): 401 Hickory Ave City: Niceville FL Zip Code: 32578

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: Chris Williams DATE: 7-5-05

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GUNTER, JERALD 44L0 S. MINSTER CR. NICEVILLE, FL 32578	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Christopher S Williams 401 Hickory Ave Niceville, FL 32578	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: Chris Williams 7-5-05 850-863-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHRISTOPHER S WILLIAMS