

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90039 040 \*\*\*150.00



**DOCUMENT # P04000098961**  
 1. Entity Name  
**TRAILER MASTERS, INC.**

Principal Place of Business      Mailing Address  
**2905 S ORANGE BLOSSOM TR**      **2905 S ORANGE BLOSSOM TR**  
**ORLANDO FL 32805**                      **ORLANDO FL 32805**

2. Principal Place of Business      3. Mailing Address  
**119 W. Compton Ave**      **119 W. Compton Ave**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
**Orlando, Florida**      **Orlando, Florida**  
 Zip      Country      Zip      Country  
**32806**      **USA**      **32806**      **USA**

4. FEI Number      Applied For  
**03-0545035**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**1840-SW 22 ST 4TH FL**  
**MIAMI-FL 33145**

7. Name and Address of New Registered Agent  
 Name **Regina Dahl**  
 Street Address (P.O. Box Number is Not Acceptable)  
**119 W. Compton Ave.**  
 City **Orlando**      FL      Zip Code **32806**

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 **Regina A. Dahl**      DATE **3/31/05**  
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**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input type="checkbox"/> Delete <b>DAHL, REGINA A</b> <b>2905 S ORANGE BLOSSOM TR</b> <b>ORLANDO FL 32805</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAHL, REGINA A.</b> <b>119 W. Compton Ave.</b> <b>ORLANDO, FL. 32806</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Regina A. Dahl**      Date **3/31/05**      Daytime Phone # **407-843-1222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR