


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90101 036 \*\*\*150.00

**DOCUMENT # P05000078822**

1. Entity Name  
**CHAMPION TRAILER WORKS, INC.**



Principal Place of Business      Mailing Address

**18110 BURRELL ROAD**      **16528 N. DALE MABRY HWY**  
**ODESSA, FL 33556 US**      **TAMPA, FL 33618 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1023 Gunn Highway**      **P.O. Box 597**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**Odessa FL**      **Odessa FL**

Zip      Country      Zip      Country

**33556 USA**      **33556 USA**

**60011600**



01292007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-2934682**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SANDERS, WALTER S**  
**16528 NORTH DALE MABRY HWY**  
**TAMPA, FL 33618**

**7. Name and Address of New Registered Agent**

Name: **Theresa D Zipler**

Street Address (P.O. Box Number is Not Acceptable):  
**306 E Waters Ave**

City: **Tampa**      State: **FL**      Zip Code: **33604**

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: *Theresa D Zipler*      DATE: 1-29-07

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, DONALD W	NAME	
STREET ADDRESS	18110 BURRELL ROAD	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, KENNETH W	NAME	
STREET ADDRESS	9514 WOODBOROUGH COURT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Donald W Hunter*      DATE: 1/31/07      **813 920 0463**

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