2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM Secretary of State

1. Entity Nam MANATE Principal Place	E TRAILER ŠALES, INC.	failing Address			. Secreta	y or State
	O NOT WRITE I	arts.	<u> </u>	01062006 4. FEI Numb 59-142	er	Applied For Not Applicable \$8.75 Additional Fee Required
2229 MAN	, BARBARA B. ATEE AVENUE EAST ON, FL 34208	DO NOT WRITE IN THIS SPACE				
the obligate SIGNATURE.	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and the ENOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		od Agent signature required		oth, in the State of Florida. I are	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PTD JACKSON, DARRELL D. 1221 ANGELA MARIA RD. SARASOTA, FL. 34243 VSD JACKSON, BARBARA B. 1221 ANGELA MARIA RD. SARASOTA, FL. 34243	CTORS			U00000385 01/18/06-800	054 01-009 158.75
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADGRESS			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLC NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated of the conchanged	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with a signature and typed on phase signature and typed on phase	all other like empowered. (Le 1) 141 VSD BA	emptions contained ture shall have the ired by Chapter 60'	,	9. Florida Statutes, I further oct as if made under oath; that es; and that my name appear	ertify that the information I am an officer or directors in Block 10 or Block 11 if