2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 405360

1. Entity Name
MANATEE TRAILER SALES, INC.

Principal Place of Business	Mailing Address
2229 MANATEE AVE EAST BRADENTON, FL 34208-1699 US	2229 MANATEE AVE EAST BRADENTON, FL 34208-1699 US

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1423933	Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, BARBARA B.
2229 MANATEE AVENUE EAST
BRADENTON, FL 34208

DO NOT WRITE IN THIS SPACE

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_____

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

| 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

TITLE	PTD
NAME	JACKSON, DARRELL D.
STREET ADDRESS	1221 ANGELA MARIA RD.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	VSD
NAME	JACKSON, BARBARA B.
STREET ADDRESS	1221 ANGELA MARIA RD.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U0000000578739
01/09/07-80041-011 158.75

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: Barbara B. Jackson V.S.D.   Jan.5,07   941-749-0420

BARBARA B. JACKSON V.S.D.

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