
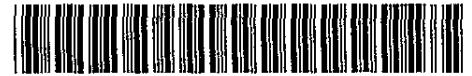


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 493316 1. Entity Name SOUTHERN BELL TRAILER SALES, INC. |  |
|---|---|

| | |
|---|--|
| Principal Place of Business 5876 WEST TENNESSEE ST TALLAHASSEE FL 32304 US | Mailing Address 5876 WEST TENNESSEE TALLAHASSEE FL 32304 US |
|---|--|



1st MOORE CR2E034 (10/04)

| | | | | | |
|--------------------------------|--------------------|--------------|--------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | Suite, Apt #, etc. | City & State | City & State | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-1651416 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent |
| FRANK, SHEFFIELD 907 THOMAVILLE RD TALLAHASSEE FL 32303 |

| | | |
|--|-----------|----------|
| 7. Name and Address of New Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | |
| <table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">FL</td> <td style="border: none; padding: 2px;">Zip Code</td> </tr> </table> | FL | Zip Code |
| FL | Zip Code | |

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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 | DP <input type="checkbox"/> Delete |
| NAME | BELL, TERRY |
| STREET ADDRESS | 5876 WEST TENNESSE ST |
| CITY - ST - ZIP | TALLAHASSEE FL 32304 |
| TITLE | ST <input type="checkbox"/> Delete |
| NAME | BELL, JOBETH |
| STREET ADDRESS | 5876 W TENNESSEE ST |
| CITY - ST - ZIP | TALLAHASSEE FL 32304 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

U00000236385
02/21/05-80016-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jobeth Bell (Jobeth Bell) 2-16-05 (850) 576-2165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #