## 2006 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				Jan 20, 2006 08:00 AM			
DOCU	MENT # 493316		}	Secreta	ry of State		
1. Entity Name SOUTHER	e RN BELL TRAILER SALES,	INC.		}		•	
Principal Place	e of Business	Mailing Address	<del>-</del>				
	Tennessee st e, fl. 32304 us	5876 WEST TENNESSEE TALLAHASSEE, FL 32304	US	}			
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ח	O NOT WRITE	CE	01122006 No	Chg-P C	CR2E034 (11/05)		
U	O NOI WINIE	IN THIS SEA	CL	4. FEI Number 59-1651416	<b>\</b>	Applied For Not Applicable	
				5. Certificate of State		\$8.75 Additional	
	6. Name and Address of Current I	Panistared Ament	<del></del>	]		Fee Required	
	or mains und realities of carrent	1			* · · · · · · · · · · · · · · · · ·		
FRANK, SHEFFIELD 907 THOMAVILLE RD				DO NO	OT WR	ITE	
TALLAHASSEE, FL 32303			IN THIS SPACE				
				## <b>!</b>	IS SFA	CL	
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or registe	red agent, or both, in th	ne State of Florida	. I am familiar with, and accep	
SIGNATURE_	Signature typed or printed name of registered agent a	nd title if applicable. (NOTE Register	ad Agent signature require	d when reinstairg)		DATE	
	E NOWILL FEE (\$ \$150.00 ay 1, 2006 Fee will be \$550.0	noing \$5	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	1	<del></del>			
TITLE NAME	DP BELL, TERRY	· · · · · · · · · · · · · · · · · · ·				-	
STREET ADDRESS	5876 WEST TENNESSE ST		1				
CITY-ST-ZIP	TALLAHASSEE, FL 32304		_]			•	
TITLE NAME	ST BELL, JOBETH	, ,		,	ມາດຄອກວຽວວັ	227	
STREET ADDRESS	5876 W TENNESSEE ST			01/	24706-800.	34-004 150.00	
CATY-ST-ZIP	TALLAHASSEE, FL 32304				-		
NAME	,,,,		· I				
STREET ADDRESS			l	DO N	OT WR	ITE	
CITY-ST-ZIP							
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NAME		•	~[				
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CITY-ST-ZIP			<b>_</b>				
TITLE NAME			·				
STREET ADDRESS	}		1				

12. I hereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP