

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 527508

FILED
Apr 20, 2007
Secretary of State

Entity Name: FLORIDA UTILITY TRAILERS, INC.

Current Principal Place of Business:

1101 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

1101 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-1726491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAINWATER, CARL B.
1101 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEPHENS, KELLY D.,
Address: 1250 LEXINGTON PKWY.
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: STEPHENS, CAROLYN M.,
Address: 1250 LEXINGTON PKWY.
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: RAINWATER, CARL B.,
Address: 209 PALMETTO CONC
City-St-Zip: LONGWOOD, FL

Title: VP () Delete
Name: BEVILLE JR., JACK,
Address: 3909 GOUROCK COURT
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEPHENS, CAROLYN M.,
Address: 1250 LEXINGTON PKWY.
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: LOVE, NORMA,
Address: 1802 ORCHARD DRIVE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL B RAINWATER

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04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date