

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 527508

1. Entity Name
FLORIDA UTILITY TRAILERS, INC.



Principal Place of Business

**1101 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US**

Mailing Address

**1101 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1726491

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000807453
02/07/08-80009-014 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEPHENS, KELLY D.
STREET ADDRESS	1250 LEXINGTON PKWY.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	STEPHENS, CAROLYN M.
STREET ADDRESS	1250 LEXINGTON PKWY.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	T
NAME	RAINWATER, CARL B.
STREET ADDRESS	209 PALMETTO CONC
CITY-ST-ZIP	LONGWOOD, FL
TITLE	VP
NAME	BEVILLE JR., JACK
STREET ADDRESS	3909 GOUROCK COURT
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	S
NAME	LOVE, NORMA
STREET ADDRESS	1802 ORCHARD DRIVE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-24-2008 407-880-2211