

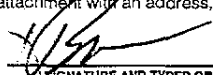


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 660178						
1. Entity Name SCOTTIE'S TRAILER SUPPLIES, INC.						
Principal Place of Business 1212 RT 17 S PO BOX 680 SATSUMA, FL 32189	Mailing Address 1212 RT 17 S PO BOX 680 SATSUMA, FL 32189	 01292005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-1976215</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-1976215	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent TAPPAN, BYRON D. 1212 RT 17 S PO BOX 680 SATSUMA, FL 32089		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 02/02/05-80105-020 150.00				
10. OFFICERS AND DIRECTORS						
TITLE	PD	DO NOT WRITE IN THIS SPACE				
NAME	TAPPAN, BYRON D.					
STREET ADDRESS	RT 17 S					
CITY - ST - ZIP	SATSUMA, FL					
TITLE	STD					
NAME	TAPPAN, MARGARET E.					
STREET ADDRESS	RT 17 S					
CITY - ST - ZIP	SATSUMA, FL					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
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: 		(- 3) - 05				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>				