

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843419

Entity Name: MORGAN TRAILER MFG. CO.

FILED  
Mar 23, 2005  
Secretary of State

**Current Principal Place of Business:**

4434 MAIN AVE  
LAKELAND, FL 338019773 US

**New Principal Place of Business:**

**Current Mailing Address:**

35 THOUSAND OAKS BLVD  
P.O. BOX 588  
MORGANTOWN, PA 19543 US

**New Mailing Address:**

FEI Number: 25-1151457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: OSTENDORF, ROBERT  
Address: 35 THOUSAND OAKS BLVD  
City-St-Zip: MORGANTOWN, PA 19543

Title: CFO ( ) Delete  
Name: ROBINSON, MARK  
Address: 35 THOUSAND OAKS BLVD  
City-St-Zip: MORGANTOWN, PA 19543

Title: VP ( ) Delete  
Name: ERVEN, JAMES  
Address: 35 THOUSAND OAKS BLVD  
City-St-Zip: MORGANTOWN, PA 19543

Title: VP ( ) Delete  
Name: FUQUA, MICHAEL  
Address: 35 THOUSAND OAKS BLVD  
City-St-Zip: MORGANTOWN, PA 19543

Title: VP ( ) Delete  
Name: ALBERTSON, MARK  
Address: 35 THOUSAND OAKS BLVD  
City-St-Zip: MORGANTOWN, PA 19543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: POINDEXTER, JOHN B  
Address: 35 THOUSAND OAKS BLVD  
City-St-Zip: MORGANTOWN, PA 19543

Title: CFO (X) Change ( ) Addition  
Name: ROBINSON, MARK W  
Address: 35 THOUSAND OAKS BLVD  
City-St-Zip: MORGANTOWN, PA 19543

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK W ROBINSON

CFO

03/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date