


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 014 ***150.00

DOCUMENT # 853042 1. Entity Name TRAILER CONDITIONERS, INC.	
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Principal Place of Business 55 NE GLENLAKE PKWY ATLANTA, GA 30328 US	Mailing Address 55 NE GLENLAKE PKWY ATLANTA, GA 30328 US
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94005626



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1060329	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT PICA, EUGENE A. 55 NE GLENLAKE PKWY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ESKEW, MICHAEL L 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MODEROW, JOSEPH R. 55 NE GLENLAKE PKWY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS DAVIS, SCOTT 55 NE GLENLAKE PKWY ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS AGRESTA, MAURICE M. 55 NE GLENLAKE PKWY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ESKEW, MICHAEL L 55 NE GLENLAKE PKWY ATLANTA, GA

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

1-21-04

Daytime Phone #

(404) 828-6307