


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F06000007201</b>		
1. Entity Name <b>WEEKEND WARRIOR TRAILERS, INCORPORATED</b>		

Principal Place of Business <b>1320 OLEANDER AVE PERRIS, CA 92571</b>	Mailing Address <b>1320 OLEANDER AVE PERRIS, CA 92571</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INCRP SERVICES, INC.  
17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>300091533103</b> <b>03/07/07--01004--008 **70.00</b>

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>WARMOTH, MARK E</b>
STREET ADDRESS <b>1320 OLEANDER AVE</b>	
CITY-ST-ZIP <b>PERRIS, CA 92571</b>	
TITLE <b>VP</b>	NAME <b>DENTON, GARY</b>
STREET ADDRESS <b>1320 OLEANDER AVE</b>	
CITY-ST-ZIP <b>PERRIS, CA 92571</b>	
TITLE <b>CEO</b>	NAME <b>STOAP, CORNELIS</b>
STREET ADDRESS <b>1320 OLEANDER AVE</b>	
CITY-ST-ZIP <b>PERRIS, CA 92571</b>	
TITLE <b>S</b>	NAME <b>STOAP, CORNELIS</b>
STREET ADDRESS <b>1320 OLEANDER AVE</b>	
CITY-ST-ZIP <b>PERRIS, CA 92571</b>	
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

DO NOT WRITE  
IN THIS SPACE

02/15/07 01030 006 \$87.50

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:** Cornelis J. Stoap, Sec. **2/22/07 951-940-5556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

07 MAR -5 PM 3: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>33-0673155</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required