


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # F16215 1. Entity Name HAYLO TRAILERS, INC.	
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Principal Place of Business 4320 W HWY 40 OCALA, FL 34482 US	Mailing Address 4320 W HWY 40 OCALA, FL 34482 US
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02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2065497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAM D SOMAN, P.A. 3471 MAIN HWY, #622 MIAMI, FL 33133

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV SCOTT, SUSAN P 10624 NW 225-A OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV SOMAN, WILLIAM D 9000 ARVIDA DR CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP WILKERSON, NANCY 4320 W HWY 40 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WILKERSON, JAMES B 4320 W HWY 40 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/06/06-80004-019 150.00

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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: Nancy Wilkerson

3-20-06
DATE

352-732-2455
DAYTIME PHONE #