

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16215

Entity Name: HAYLO TRAILERS, INC.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

4320 W HWY 40  
OCALA, FL 34482 US

## New Principal Place of Business:

## Current Mailing Address:

4320 W HWY 40  
OCALA, FL 34482 US

## New Mailing Address:

FEI Number: 59-2065497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAM D SOMAN, P.A.  
11191 SW 60TH AVE.  
MIAMI, FL 33156 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: DV ( ) Delete  
Name: SCOTT, SUSAN P,  
Address: 10624 NW 225-A  
City-St-Zip: OCALA, FL 34482

Title: DV ( ) Delete  
Name: SOMAN, WILLIAM D,  
Address: 11191 SW 60TH AVE.  
City-St-Zip: PINECREST, FL 33156

Title: DP ( ) Delete  
Name: WILKERSON, NANCY  
Address: 4320 W HWY 40  
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete  
Name: WILKERSON, JAMES B  
Address: 4320 W HWY 40  
City-St-Zip: OCALA, FL 34482

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: NANCY WILKERSON

DP

01/07/2008

Electronic Signature of Signing Officer or Director

Date