


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000000233
 1. Entity Name
NEXTRAIL OF AMERICA, INC.



Principal Place of Business Mailing Address
P.O. BOX 100370 **P.O. BOX 100370**
CAPE CORAL, FL 33910 US **CAPE CORAL, FL 33910 US**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
48-0614277 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHNSON, GARY L
1423 SW 53RD LANE
CAPE CORAL, FL 33914

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	JOHNSON, GARY L
STREET ADDRESS	1423 SW 53RD LANE
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	CV
NAME	ROELOFS, BEVERLY
STREET ADDRESS	4509 NICKLAUS
CITY - ST - ZIP	LAWRENCE, KS 66047
TITLE	ST
NAME	JOHNSON, JUDI EDWARDS
STREET ADDRESS	1423 SW 53RD LANE
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

00000350344
 05/02/05-30122-006 150.00

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: Judi E Johnson **JUDI JOHNSON** **Sec-tres.** **4-27-05** **239-945-1660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #