


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # H74852 1. Entity Name DOERR'S TRAILER RENTALS, INC.	
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Principal Place of Business C/O EMILE F. ROCHEFORT 2489 PORT WEST BLVD. WEST PALM BEACH, FL 33407	Mailing Address C/O EMILE F. ROCHEFORT 2489 PORT WEST BLVD. WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2570295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROCHEFORT, EMILE F 3040 LAKESHORE DRIVE #105 RIVIERA BEACH, FL 33404	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000073484 03/02/04-80038-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STQM MOSHIER, TERESA A 12690 51ST COURT NORTH ROYAL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ROCHEFORT, EMILE F 3040 LAKESHORE DRIVE #105 RIVIERA BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROCHEFORT, CYNTHIA M 4745-A1 SABLE PINE CIR WPB, FL 33417
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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)(f), 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: *Emile F. Rochefort* **EMILE F. ROCHEFORT**
PRES. 2-27-04 561-848-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #