


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H88547	
1. Entity Name J & W TRAILER REPAIR SERVICE, INC.	

Principal Place of Business 5809 OLD TWIG LN RIVERVIEW, FL 33569 US	Mailing Address 5809 OLD TWIG LN RIVERVIEW, FL 33569 US
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2615007	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

**HAYNES, WILLIS A SR.
20748 LONG ACRE DRIVE
DADE CITY, FL 33523**

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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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYNES, WILLIS SR. 20748 LONG ACRE DR. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAYNES, DELORES J 20748 LONG ACRE DR. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAYNES, WILLIS A JR. 5817 OLD TWIG LN RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80094-012 150.00

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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: Delores J Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 583-5172
Date Daytime Phone #

Delores J Haynes