2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUM	MENT # J07986. · · ·				3	ecretai	ry oi State
1. Entity Name C & S TRAILER SALES, INC.							
Casin	ALLIN SALLO, MO.						
Principal Place	e of Business	Mailing Address	<u> </u>	-			
% SHIRLEY F		% SHIRLEY F. HENRY					
		526 GARY RD. LAKELAND, FL 33801					
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rent iii.							
				04292004	No Chg-P	CR2E034	(10/03)
	O NOT WRITE	IN THIS SPA	CE				Applied For
				4. FEI Numbe 59-276			Not Applicable
				5. Certificate	of Status Desired		.75 Additional
	6. Name and Address of Current R	poletovad Agard		1		— Fee	Required
	o. Name and Address of Current in	igistered Agerit				umminini, List i i es	
HENRY, SHIRLEY F.				DO	NOT W	RITE	
526 GARY RD. LAKELAND, FL 33801				i irrir is isrli "s" s"	Company to the terminal	Vicir is indicated	
				i i i i i i i i i i	THIS SF	AUE	րկում է համանակ Մահանական համանակ
	named entity submits this statement for	the purpose of changing its regist	ered office or registe	red agent, or bot	h, in the State of Flo	orida. Lam fam	iliar with, and accept
the obligat	ions of registered agent.						
SIGNATURE.	Signature, lyped or printed name of registered agent an	July Constitute ONTE Page	ered Agent signature require	Anniarous sadu be		DATE	
	Signature, typed or princed raine or registered agent as	⊈rte i spolicable, (140 € 1 ægis:	elect village softeme and dise	- memoralary)		5,115	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	S. Election Campaign Fir Trust Fund Contribution	ancing \$5 n.	5.00 May Be ded to Fees			
10.	OFFICERS AND D	HRECTORS					
TITLE	DP					114114	
NAME STREET ADDRESS	HENRY, SHIRLEY F. 526 GRY RD.						01 150.00
CITY-ST-ZIP	LAKELAND, FL						
TITLE		····	The second secon				
NAME					#######		
STREET ADDRESS CITY-ST-ZIP	1						
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TITLE				IN	THIS SI	PACE	
STREET ADDRESS			i i jirida er		Hana	ind particular	
CITY-ST-7IP						iri Hagi	
RILE							
NAME					Kithali,		
STREET ADDRESS CITY-ST-ZIP							
DILE	<u> </u>					Takele kele kala har Takele kele kala har	

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:

NAME STREET ADDRESS CITY-ST-ZIP

HICEROPHATECTOR Shirley F. Henry Day Day Day Day Day Day Day