2005 FOR PROFIT CORPORATION

Mar 17, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # K88609** 03-17-2005 90020 014 ***150.00 1. Entity Name ROCKY'S TRAILERS, PARTS, & HITCHES, INC. Principal Place of Business Mailing Address % ROCKY LEE VOWELL % ROCKY LEE VOWELL 9851 BRIDLEWOOD RD 9851 BRIDLEWOOD RD PENSACOLA, FL 32526 PENSACOLA, FL 32526 02282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2957224 Not Applicable \$8.75 Additional -5." Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VOWELL, ROCKY LEE DO NOT WRITE 9851 BRIDLEWOOD DR PENSACOLA, FL 32526 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE VOWELL, ROCKY LEE NAME STREET ADDRESS 9851 BRIDLEWOOD DR PENSACOLA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 of toostee 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 all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED