


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 A
Secretary of State

DOCUMENT # L60667
 1. Entity Name
FLORIDA TRAILER & CONTAINER SALES, INC.



Principal Place of Business 137 S BEACH DR SAINT AUGUSTINE, FL 32084 US	Mailing Address 137 S BEACH DR SAINT AUGUSTINE, FL 32084 US
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0191599	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

**FORMAN, TERRY J.
 1521 S.W. LEJEUNE ROAD
 CORAL GABLES, FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000586049
 01/16/07-80038-013 150.00

10. OFFICERS AND DIRECTORS

TITLE AS	FORMAN, TERRY J. 1521 S.W. LEJEUNE ROAD CORAL GABLES, FL 33134
TITLE PST	PATTERSON, SUSAN 137 S BEACH DR SAINT AUGUSTINE, FL 32084
TITLE DV	PATTERSON, SUSAN 137 S BEACH DR SAINT AUGUSTINE, FL 32084
TITLE NAME	
TITLE NAME	
TITLE NAME	

DO NOT WRITE IN THIS SPACE

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:  **1/10/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #