


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L89808 1. Entity Name TRAILER TOWN, INC.	
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Principal Place of Business 4251 S PINE AVE OCALA, FL 34480	Mailing Address 4251 S PINE AVE OCALA, FL 34480
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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3027450	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 LORICK, LINDA L. 7255 SW 99TH ST OCALA, FL 34476

**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)

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	000000127368 04/23/04-80071-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LORICK, ERNEST M. 7255 SW 99TH STREET OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LORICK, LINDA L. 7255 SW 99TH STREET OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Linda L. Lorick 4-21-04 368-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #