

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90180 029 \*\*\*150.00

**DOCUMENT # P00000027546**

1. Entity Name  
**PROLINE TRAILERS, INC.**



Principal Place of Business  
**700 COX ROAD  
COCOA, FL 32926-4218 US**

Mailing Address  
**700 COX ROAD  
COCOA, FL 32926-4218 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3743218**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**



**6. Name and Address of Current Registered Agent**

**GLOVER, F. W.  
5011 DALEHURST DRIVE  
COCOA, FL 32926**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD ☐ Delete  
NAME GLOVER, F. W.  
STREET ADDRESS 5011 DALEHURST DRIVE  
CITY-ST-ZIP COCOA, FL 32926

TITLE STD ☐ Delete  
NAME GLOVER, JUDITH M  
STREET ADDRESS 5011 DALEHURST DRIVE  
CITY-ST-ZIP COCOA, FL 32926

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE VD ☐ Change ☒ Addition  
NAME Branan, Thomas W.  
STREET ADDRESS 954 Pineland Drive  
CITY-ST-ZIP Rockledge, FL 32955

TITLE VD ☐ Change ☒ Addition  
NAME McDaniel, Anita S.  
STREET ADDRESS P O Box 541539  
CITY-ST-ZIP Merritt Island, FL 32954-1539

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Anita S. McDaniel*

Anita S. McDaniel 04-30-04 (321) 459-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #