

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000030977 1. Entity Name TRAILER REPAIR & MAINTENANCE, INC.	
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Principal Place of Business P. O. BOX 77581 JACKSONVILLE, FL 32226	Mailing Address P. O. BOX 77581 JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3708733	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLEIMAN, THOMAS C JR.
9471 BAYMEADOWS RD., SUITE 308
JACKSONVILLE, FL 32256**

**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 _____
(Type 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC MCMAHEL, WILMONT W 117 MAGNOLIA AVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS MC MAHAL, JACKIE 117 MAGNOLIA AVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPMD WARREN, JAMIE 117 MAGNOLIA AVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/28/07-80076-009 158.75

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: Jackie McMahon 3-16-07 904-696-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #