
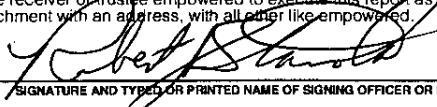


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

07-06-2004 90004 039 \*\*\*150.00

<b>DOCUMENT # P02000080818</b>			
1. Entity Name <b>GLADIATOR CUSTOM TRAILERS, INC.</b>			
Principal Place of Business 4755 N.W. 44TH AVE. OCALA, FL 34482		Mailing Address 4755 N.W. 44TH AVE. OCALA, FL 34482	
2. Principal Place of Business <b>4775 NW 44TH AVE</b>		3. Mailing Address <b>4775 NW 44TH AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>	
Zip <b>34482</b>	Country	Zip <b>34482</b>	Country
07012004		Chg-P	CR2E034 (10/03)
4. FEI Number <b>54-2068004</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
STAVOLA, ROBERT J 4755 N.W. 44TH AVE. OCALA, FL 34482		Name Street Address (P.O. Box Number is Not Acceptable) <b>4775 NW 44TH AVE</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34482</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> STAVOLA, ROBERT J PO BOX 8 ANTHONY, FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ROBERT J STAVOLA 4775 NW 44TH AVE OCALA FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> WILLIAM STAVOLA 4775 NW 44TH AVE OCALA FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> JESSE STAVOLA 4775 NW 44TH AVE OCALA FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <b>7/1/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	