


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000080818 1. Entity Name GLADIATOR CUSTOM TRAILERS, INC.	
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Principal Place of Business 4775 NW 44TH AVENUE OCALA, FL 34482 US	Mailing Address 4775 NW 44TH AVENUE OCALA, FL 34482 US
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06192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2068004	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

**STAVOLA, ROBERT J
4775 NW 44TH AVENUE
OCALA, FL 34482**

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 \$550.00
Due by September 6, 2006

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

000000570123
07/13/06-80020-007 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAVOLA, ROBERT J 4775 NW 44TH AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAVOLA, WILLIAM 4775 NW 44TH AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAVOLA, JESSE 4775 NW 44TH AVENUE OCALA, FL 34482
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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 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: Robert Stavola **Robert Stavola** 7/10/06 (352) 620-8072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #