


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 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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DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

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

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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 \$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

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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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: William E. St. William Stavola 3/28/07 (352)620-8072
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #