

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000017433



1. Entity Name
 C & S TRAILER DEPOT, INC.

Principal Place of Business
 11040 W BEAVER STREET
 JACKSONVILLE, FL 32220

Mailing Address
 11040 W BEAVER STREET
 JACKSONVILLE, FL 32220



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0554499	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

STOKES, CHARLES E
 11040 W. BEAVER ST.
 JACKSONVILLE, FL 32220

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	ST STOKES, CHARLES E 11040 W BEAVER STREET JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOKES, CHARLES A 11040 W. BEAVER ST JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONG, JAMES A 11040 W. BEAVER ST JACKSONVILLE, FL 32220
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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 liquidator empowered to file 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: Charles E. Stokes Charles E. Stokes 1-10-06 904-786-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #