

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90175 047 ***150.00

DOCUMENT # P03000022478

1. Entity Name
TRAILER REPAIR SPECIALIST, INC.



Principal Place of Business
**704 HATFIELD ROAD
WINTER HAVEN, FL 33880**

Mailing Address
**704 HATFIELD ROAD
WINTER HAVEN, FL 33880**

34003404

2. Principal Place of Business

3. Mailing Address

P.O. Box 1422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)



City & State

City & State

AUBURNDALE FL

4. FEI Number

16-1661192

Applied For

Not Applicable

Zip

Country

Zip

33823

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANTONIO, NORMA M
704 HATFIELD ROAD
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed 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, 2004 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
**PD
ANTONIO, NORMA M
704 HATFIELD ROAD
WINTER HAVEN, FL 33880**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ 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:

Norma M. Antonio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date

(863)604-3003
Daytime Phone #