


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000133541 <small>1. Entity Name</small> TRAILER MATE, INC.	
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<small>Principal Place of Business</small> 5970 NW 104TH LN PARKLAND, FL 33076	<small>Mailing Address</small> 5970 NW 104TH LN PARKLAND, FL 33076
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

<small>4. FEI Number</small> 86-1088729	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P
500 E BROWARD BLVD STE 1950
FT LAUDERDALE, FL 33394

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	<small>9. Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	<small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>
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10. OFFICERS AND DIRECTORS

<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D PAGE, JOHN C JR. 5970 NW 104TH LN PARKLAND, FL 33076
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D FORD, JORDAN 5970 NW 104TH LN PARKLAND, FL 33076
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

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07/05/05-80015-003 150.00

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: *John Clifford Page Jr.* **John Clifford Page Jr. - president** **6/30/05** **(954) 415-1217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #