2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000137114

1. Entity Name
TRAILER SUPPLIES, INC.

Principal Place of Business	Mailing Address
900 ROBERTS ROAD BLDG 4-4041 LAKE HAMILTON, FL 33851	PO BOX 459 LAKE HAMILTON, FL 33851

DO NOT WRITE IN THIS SPACE

03062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0474142	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. *Name and Address of Current Registered Agent*

VICKERY, JON
111 ROBERTS RD
LAKE HAMILTON, FL 33851

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 _____ 3-10-05

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VICKERY, JON
STREET ADDRESS	2425 WALTERS RD.
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	D
NAME	CRAWFORD, JOHN M
STREET ADDRESS	5500 WATKINS RD.
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/05-80050-024 150.00

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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: _____ PRES.   3-10-05   438-9550

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