2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P04000098961 1. Entity Name 04-08-2005 90039 040 ***150.00 TRAILER MASTERS, INC. Principal Place of Business Mailing Address 2905 S ORANGE BLOSSOM TR ORLANDO FL 32805 2905 S ORANGE BLOSSOM TR ORLANDO FL 32805 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional Country ISA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI: FL 33145 Zip Code 30 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. A SIGNATURE ne of registered agen FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **PSTD** TITLE PResident ☐ Addition Delete TITLE DANI, Regina A. 119, W. Compton DAHL, REGINA A NAME NAME 2905 S ORANGE BLOSSOM TR STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32805 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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.

FILED