


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

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| DOCUMENT # P05000149641 1. Entity Name 151 TRAILER SALES, INC. |  |
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| Principal Place of Business 1115 PONCE DE LEON BLVD. BELLEAIR, FL 33756 | Mailing Address 1115 PONCE DE LEON BLVD. BELLEAIR, FL 33756 |
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-3763965 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARDINALE, RANDY T
 1115 PONCE DE LEON BLVD.
 BELLEAIR, FL 33756

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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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARDINALE, RANDY T 1115 PONCE DE LEON BLVD. BELLEAIR, FL 33756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CARDINALE, AMY J 1115 PONCE DE LEON BLVD. BELLEAIR, FL 33756 |
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 05/09/07-80018-020 150.00

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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 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: *[Handwritten Signature]* *Amy J. Cardinale* *4/23/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #