


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90185 048 ***150.00

DOCUMENT # P06000051930 1. Entity Name A+ TRAILERS & FABRICATION, INC.					
Principal Place of Business 587 EAST MAIN STREET MAYO, FL 32066 US			Mailing Address PO BOX 641 MAYO, FL 32066 US		
2. Principal Place of Business - No P.O. Box # 162 SE Industrial Park Cir. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Mayo, FL		City & State _____		4. FEI Number 20-4755397	
Zip 32066		Country Lafayette		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDWELL, MILTON T 587 EAST MAIN STREET MAYO, FL 32066 <i>SAME AS ABOVE</i>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALDWELL, MILTON T 587 EAST MAIN STREET MAYO, FL 32066 <i>SAME AS ABOVE</i>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALDWELL, SUSAN L 587 EAST MAIN STREET MAYO, FL 32066 <i>SAME AS ABOVE</i>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Sharon Caldwell</i>			Date: <i>2-27-08</i>		