

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091164

FILED  
Feb 20, 2007  
Secretary of State

Entity Name: SECURE TRAILER LOT, INC.

**Current Principal Place of Business:**

560 SEBASTIAN SQUARE  
ST AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

560 SEBASTIAN SQUARE  
ST AUGUSTINE, FL 32095

**New Mailing Address:**

12276 SAN JOSE BLVD # 208  
JACKSONVILLE, FL 32223

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRENNAN, MANNA & DIAMOND, P.L.  
76 S LAURA STREET SUITE 2110  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D                      ( ) Delete  
Name: CHAPPELEAR, DOUG C  
Address: 560 SEBASTIAN SQUARE  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D                      ( ) Delete  
Name: CROSSLAND, GARY B  
Address: 2408 NATIONS AVE  
City-St-Zip: EL PASO, TX 79930

Title: D                      ( ) Delete  
Name: RUSSELL, THOMAS H  
Address: 8641 PINE HILL ROAD  
City-St-Zip: BLOOMINGTON, MN 55438

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG CHAPPELEAR

D

02/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date