2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094402

City-St-Zip:

Entity Name: SOUTHERN CROSS TRAILER SERVICES INC.

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	VOOD AVE CITY, FL 3276	53				
Current Mailing Address:			New Maili	New Mailing Address:		
	VOOD AVE CITY, FL 3276	33				
FEI Number	: 33-1188005	FEI Number Applied For()	FEI Number Not App	Dicable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent	: Name and	d Address of New Registered Agent:		
457 REDV	(ILLIAM D SR. VOOD AVE. CITY, FL 3276	s3 US				
	named entity : e of Florida.	submits this statement for t	he purpose of changing	its registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electror	nic Signature of Registered	Agent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () WILLIS, WILLI 457 REDWOOI ORANGE CITY	D AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () WILLIS, LISA N 457 REDWOOI ORANGE CITY	D AVE	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition WILLIS, LISA M 457 REDWOOD AVE ORANGE CITY, FL 32763		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition COURTNEY, DAVID A 1410 LODGE TERRACE DELTONA, FL 32733		
Title: Name: Address:	()) Delete	Title: Name: Address:	TRES () Change (X) Addition COURTNEY, DENISE C 1410 LODGE TERRACE		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

DELTONA, FL 32733

SIGNATURE: WILLIAM D. WILLIS SR. P 03/20/2008