

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90035 041 ***150.00

DOCUMENT # P26618

1. Entity Name

NATIONAL SEMI-TRAILER CORP.



Principal Place of Business

6015 PARDEE ROAD
TAYLOR, MI 48180

Mailing Address

7208 SAND LAKE ROAD
STE 202
ORLANDO, FL 32819 US

2. Principal Place of Business

7208 Sand Lake Road

3. Mailing Address

Suite, Apt. #, etc.

Ste 202

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32819

Country

US

Zip

Country

02132004

Chg-P

CR2E034 (10/03)

4. FEI Number

38-2148290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BROMLEY, RANDALL E
STREET ADDRESS 7208 SAND LAKE ROAD SUITE 202
CITY-ST-ZIP ORLANDO, FL

TITLE D ☐ Delete
NAME BROMLEY, JOSEPH C.
STREET ADDRESS 3013 LINDENWOOD DR.
CITY-ST-ZIP DEARBORN, MI

TITLE D ☐ Delete
NAME CLEMENTE, JOSEPH
STREET ADDRESS 6015 PARDEE
CITY-ST-ZIP TAYLOR, MI

TITLE S ☒ Delete
NAME GOSCHINSKI
STREET ADDRESS 7208 SAND LAKE ROAD, SUITE 202
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☐ Delete
NAME CLEMENTE, DEAN J
STREET ADDRESS 7208 SAND LAKE RD, SUITE 202
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☐ Delete
NAME MACKEY, SCOTT
STREET ADDRESS 7208 SAND LAKE RD., SUITE 202
CITY-ST-ZIP ORLANDO, FL 32819

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/D/S ☒ Change ☐ Addition
NAME Mackey, Scott
STREET ADDRESS 7208 Sand Lake Rd., Suite 202
CITY-ST-ZIP Orlando, FL 32819

TITLE V/D ☐ Change ☒ Addition
NAME Bromley, Joseph C. II
STREET ADDRESS 7208 Sand Lake Rd., Suite 202
CITY-ST-ZIP Orlando, FL 32819

TITLE D ☐ Change ☒ Addition
NAME Verdon, John C
STREET ADDRESS 7208 Sand Lake Rd., Suite 202
CITY-ST-ZIP Orlando, FL 32819

TITLE P/D ☒ Change ☐ Addition
NAME Bromley, Randall E
STREET ADDRESS 7208 Sand Lake Road, Suite 202
CITY-ST-ZIP Orlando, FL 32819

TITLE D ☒ Change ☐ Addition
NAME Bromley, Joseph C
STREET ADDRESS 25 Crestwood Dr
CITY-ST-ZIP Grosse Pointe Shores, MI 48236

TITLE D ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Scott R. Mackey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

Date

407-351-8686

Daytime Phone #