

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90019 044 \*\*\*150.00

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01182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P26618</b> 1. Entity Name <b>NATIONAL SEMI-TRAILER CORP.</b>					
Principal Place of Business <b>208 SANDLAKE RD. STE. 202 ORLANDO, FL 32819</b>			Mailing Address <b>7208 SAND LAKE ROAD STE 202 ORLANDO, FL 32819 US</b>		
2. Principal Place of Business <b>7208 Sand Lake Rd</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste #202</b>			
Suite, Apt. #, etc. <b>Ste #202</b>		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State		4. FEI Number <b>38-2148290</b>	
Zip <b>32918</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROMLEY, RANDALL E 7208 SANK LAKE ROAD SUITE 202 ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bromley, Randall E. 7208 Sand Lake Rd, Ste #202 Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROMLEY, JOSEPH C. 25 CRESTWOOD DR. GROSSE POINTE SHORES, MI 48236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bromley, Joseph C. 25 Crestwood Dr. Grosse Pointe Shores, MI 48236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTE, JOSEPH 6015 PARDEE TAYLOR, MI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clemente, Joseph 35200 Union Lake Rd Harrison Twp, MI 48045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROMLEY, JOSEPH C II 7208 SANDLAKE RD., STE. 202 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bromley, Joseph C. II 7208 Sand Lake Rd, Ste #202 Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENTE, DEAN J 7208 SAND LAKE RD., SUITE 202 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clemente, Dean J. 35200 Union Lake Rd Harrison Twp, MI 48045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MACKEY, SCOTT 7208 SAND LAKE RD., SUITE 202 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS Mackey, Scott R. 7208 Sand Lake Rd, Ste #202 Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Secretary</i></u> 1-18-05 407-351-8686 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					