


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P26618</b> 1. Entity Name NATIONAL SEMI-TRAILER CORP.	
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Principal Place of Business  
7208 SAND LAKE RD.  
STE. 202  
ORLANDO, FL 32819

Mailing Address  
7208 SAND LAKE ROAD  
STE 202  
ORLANDO, FL 32819 US



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-2148290</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT BROMLEY, RANDALL E 7208 SAND LAKE RD. STE #202 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VERDON, JOHN C 162 SAPPDILLA DRIVE ISLAMODA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SCHUSTER, MATT A 5766 GEDDES ROAD ANN ARBOR, MI 48105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BROMLEY, JOE C II 7208 SAND LAKE RD., STE #202 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GROOVER, CLARAMARGARET P.O. BOX 547713 ORLANDO, FL 328547713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO MACKEY, SCOTT R 7208 SAND LAKE RD., STE #202 ORLANDO, FL 32819

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02/21/07-80071-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2007  
Date

407 351-8686  
Daytime Phone #