

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009652

FILED
Mar 12, 2004
Secretary of State

Entity Name: NORTH COUNTY TRAILER, INC.

Current Principal Place of Business:

18671 S.E. FED HWY
JUPITER, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

801 LAKESHORE DRIVE
#806
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 65-0554657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABLEMAN, HERBERT M
801 LAKESHORE DRIVE
#806
LAKE PARK, FL 33403

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: ABLEMAN, SCOTT
Address: 9067 E ISLAND PINES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: ABLEMAN, HERBERT M
Address: 801 LAKESHORE DRIVE, #806
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ABLEMAN, SCOTT
Address: 18671 SE FED HWY
City-St-Zip: TEQUESTA, FL 33469

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 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 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: ABLEMAN HERBERT M

SEC

03/12/2004

Electronic Signature of Signing Officer or Director

_____ Date