2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P95000047610

Entity Name: THE TRAILER RENTAL GROUP, INC.

Current Principal Place of Business:

829 BENOIST FARMS ROAD
WEST PALM BEACH, FL 33411

New Principal Place of Business:

829 BENOIST FARMS ROAD
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

829 BENOIST FARMS
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0590742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRASWELL, STEVE
11924 FOREST HILL BLVD.
SUITE 22-282
WEST PALM BEACH, FL 33414 US

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

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	BRASWELL, STEVE	
Address:	11924 FOREST HILL BLVD., SUITE 22-282	
City-St-Zip:	WEST PALM BEACH, FL 33414	
Title:	P	( ) Delete
Name:	BRASWELL, WILLIAM S	
Address:	11924 FOREST HILL BLVD., SUITE 22-282	
City-St-Zip:	WEST PALM BEACH, FL 33414	
Title:	V	(X) Delete
Name:	BRASWELL, DAVID P	
Address:	11924 FOREST HILL BLVD STE 22-282	
City-St-Zip:	WEST PALM BCH, FL 33414	
Title:	D	( ) Delete
Name:	CASPER, CINDY A	
Address:	829 BENOIST FARMS ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	LOVEWELL, JEFFREY J	
Address:	829 BENOIST FARMS ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	HAFF, JANICE E	
Address:	829 BENOIST FARMS ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33411	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: STEVE BRASWELL S 02/03/2009
Electronic Signature of Signing Officer or Director Date