2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# P96000068767

Entity Name: FIDDLER'S TRAILER AND EQUIPMENT, INC.

Current Principal Place of Business:

5019 W STATE RD 40
OCALA, FL 33482

New Principal Place of Business:

Current Mailing Address:

5019 W SR 40
OCALA, FL 34482

New Mailing Address:

5019 W STATE RD 40
OCALA, FL 33482

FEI Number: 59-3394425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'QUINN, SABRA
5019 W STATE RD 40
OCALA, FL 33482 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FLEMING, J. SCOTT
Address: PO BOX 77-0484 N/A
City-St-Zip: OCALA, FL 34488

Title: D ( ) Delete
Name: O'QUINN, SABRA
Address: 5019 W STATE RD 40
City-St-Zip: OCALA, FL 33482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SABRA O'QUINN D 01/23/2009

Electronic Signature of Signing Officer or Director — Date