


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000096762</b> 1. Entity Name <b>ELITE TRAILERS, INC.</b>	
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Principal Place of Business <b>3741 NEW EBENEZER RD LAUREL HILL, FL 32567 US</b>	Mailing Address <b>P.O BOX 688 LAUREL HILL, FL 32567 US</b>
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01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3482301</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WELTON &amp; WILLIAMSON, P. A 1020 SOUTH FERDON BLVD. CRESTVIEW, FL 32536</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	D DUPREE, DAWN M 314 TIMERLINE DRIVE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPREE, DAWN 314 TIMBERLANE DR. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPREE, BRANDON M 314 TIMBERLANE DR. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/24/05-80112-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dawn M Dupree 1/12/05 850 652 5252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #