

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90417 041 ***150.00

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1. Entity Name
ELITE TRAILERS, INC.



Principal Place of Business
3741 NEW EBENEZER RD
LAUREL HILL, FL 32567 US

Mailing Address
P.O BOX 688
LAUREL HILL, FL 32567 US

40071300



DO NOT WRITE IN THIS SPACE

02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3482301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELTON & WILLIAMSON, LLC
1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536

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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 Marie Welton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/10/07
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	D
NAME	DUPREE, DAWN M
STREET ADDRESS	314 TIMBERLINE DRIVE 1775 E James Lee Blvd
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	P
NAME	DUPREE, DAWN
STREET ADDRESS	314 TIMBERLANE DR 1775 E James Lee Blvd
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	D
NAME	DUPREE, BRANDON M
STREET ADDRESS	314 TIMBERLANE DR 1775 E James Lee Blvd
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

4/10/07
Date

850 652 5252
Daytime Phone #