

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P96000096762

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**



02082008 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000007261
04/02/08-80054-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUPREE, DAWN M
STREET ADDRESS	1775 E JAMES LEE BLVD
CITY-ST-ZIP	CRESTVIEW, FL 32539

TITLE	P
NAME	DUPREE, DAWN
STREET ADDRESS	1775 E JAMES LEE BLVD
CITY-ST-ZIP	CRESTVIEW, FL 32539

TITLE	D
NAME	DUPREE, BRANDON M
STREET ADDRESS	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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

Dawn M. Dupree

3/13/08 850-652-5252