

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 037 ***150.00

DOCUMENT # P97000079550

1. Entity Name
DRAGGIN TRAILERS, INC.



Principal Place of Business
**2017 NS JACKSONVILLE RD
OCALA, FL 34470 US**

Mailing Address
**2017 NS JACKSONVILLE RD
OCALA, FL 34470 US**

40038151



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3467511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIFFIN, KENNETH L JR.
3000 SE 50TH PLACE
OCALA, FL 34480**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**P
KENNETH, GRIFFIN JR.
3000 SE 50TH PLACE
OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GRIFFIN, KENNETH III
5621 SE 23 LANE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GRIFFIN, DENISE
5621 SE 23 LANE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GRIFFIN, DOROTHY
3000 SE 50 PLACE
OCALA, FL 34480**

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 _____

(352)-401-9818

Daytime Phone #

ATTACHMENT

40038131

#P97000079550

Address Change

1853 B N.W 57th

Ocala, FL

34475
