

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-24-2006 90027 037 \*\*\*150.00

<b>DOCUMENT # P97000079550</b> 1. Entity Name <b>DRAGGIN TRAILERS, INC.</b>	
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Principal Place of Business <b>2017 NS JACKSONVILLE RD OCALA, FL 34470 US</b>	Mailing Address <b>2017 NS JACKSONVILLE RD OCALA, FL 34470 US</b>
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**DO NOT WRITE IN THIS SPACE**

40038151



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3467511</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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, GRIFFEN 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:  **(352)-401-9818**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40038131

~~#P97000079550~~

Address Change

1853 B N.W 57th

Ocala, FL

34475

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