2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State

ANNUAL REPURI					1-	Caral
1. Entity Nam	DOCUMENT # P99000020127 1. Enlity Name TRAILER INVENTORY NETWORK, INC.			Secretary of S		
Principal Plac 302 S. OAKN BRANDON, F	VOOD AVE	Mailing Address PO BOX 2102 BRANDON, FL 33509			7 (2012 1200 12 00 1 200 1 2	HA KONIK MUNI OCHAN KONE MUNI MENACI IN ICON
D	O NOT WRITE	CE	01242008 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent O'GRADY, TERRY P 2615 DURANT OAKS DR VALRICO, FL 33594			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 filter' applicable. (NOTE: Registered Agent signature required when rematating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees		0000892462 /09_20067_006_150_63
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE PTD O'GRADY, TERRY P 2615 DURANT OAKS DR VALRICO, FL 33594 VSD O'GRADY, JOHN M 12221 WILDBROOK DR	RECTORS	-		917 63 ,	, ua-suub 1-uub 150,u u
CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RIVERVIEW, FL 33569		-		NOT W	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS				н		
CITY-ST-ZIP TITLE MAMÉ STREET ADDRESS CITY-ST-ZIP			 			, and

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 truetee 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 pain an address, with all other like empowered.

SIGNATURE:

TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRE

TERRY OGRADY 4

Date

685-3896

Daytime Phone #