


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 254856 1. Entity Name WEST FLORIDA TRUCK BROKERS INC	
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Principal Place of Business 5500-4 DIVISION DR FORT MYERS, FL 33905 US	Mailing Address PO BOX 50460 FT MYERS, FL 33994 US
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0954894	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PRUITT, WILLIAM KEVIN
5500-4 DIVISION DRIVE
FORT MYERS, FL 33905**

**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, 2004 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	PC ANTHONY CARL ALVAREZ 5500-4 DIVISION DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS CAROLYN A POWELL 5500-4 DIVISION DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO PRUITT, WILLIAM KEVIN 5500-4 DIVISION DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/04/04-80092-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

W Kevin Pruitt

4-28-04

Date

239-693-9200

Daytime Phone #