

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 381401

FILED  
Oct 20, 2004  
Secretary of State

**Entity Name:** TOWNS END TRUCK AND EQUIPMENT SERVICE, INC.

**Current Principal Place of Business:**

2021 ORTIZ AVENUE  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

2021 ORTIZ AVENUE  
FT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 59-1349828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOWNSEND, ALDEN M  
1759 ST CLAIR AVE E  
N FT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

COLLEEN TERRY  
18200 SLATER RD  
N FT MYERS, FL 33917 US

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.

SIGNATURE: COLLEEN TERRY

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: TERRY, COLLEEN  
Address: 6600 MARNA LN  
City-St-Zip: NORTH FORT MYERS, FL

Title: PD ( ) Delete  
Name: TOWNSEND, ALDEN M  
Address: 1759 ST. CLAIR AVE. E.  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD ( ) Delete  
Name: TOWNSEND, HELEN J  
Address: 1759 ST. CLAIR AVE. E.  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TERRY, COLLEEN  
Address: 18200 SLATER RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP (X) Change ( ) Addition  
Name: POTTS, CAREY A  
Address: 8355 TOLLS RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN TERRY

PD

10/20/2004

Electronic Signature of Signing Officer or Director

Date