

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 659422

1. Entity Name
C & W TRUCK REPAIR, INC.



Principal Place of Business
**703 HENNIS ROAD
WINTER GARDEN, FL 34787 US**

Mailing Address
**703 HENNIS ROAD
WINTER GARDEN, FL 34787 US**



DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1977546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CREEDEN, CHARLES W
703 HENNIS ROAD
OCOE, FL 34787**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | VP |
| NAME | CREEDEN, KRIS M. |
| STREET ADDRESS | 17550 COBBLESTONE LANE |
| CITY-STATE-ZIP | CLERMONT, FL 34711 |
| TITLE | VD |
| NAME | CREEDEN, KEVIN A |
| STREET ADDRESS | 1750 CROWN POINT WOODS CIR |
| CITY-STATE-ZIP | OCOE, FL |
| TITLE | PTD |
| NAME | CREEDEN, CHARLES W |
| STREET ADDRESS | 994 EVEREST STREET |
| CITY-STATE-ZIP | CLERMONT, FL 34711 |
| TITLE | S |
| NAME | CREEDEN, GLORIA |
| STREET ADDRESS | 994 EVEREST ST |
| CITY-STATE-ZIP | CLERMONT, FL 34711 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

**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

3/8/05

Date

407-877-2600

Daytime Phone #