## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 659422**

994 EVEREST ST

CLERMONT, FL 34711

Address:

City-St-Zip:

Entity Name: C & W TRUCK REPAIR, INC

FILED Mar 28, 2007 Secretary of State

	iiei e a iii ii	NOOTE TAIN, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
703 HENN WINTER G	IS ROAD BARDEN, FL 3	4787 US			
Current Mailing Address:			New Mailing Address:		
703 HENN WINTER C	IS ROAD BARDEN, FL 3	4787 US			
FEI Number:	59-1977546	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CREEDEN 703 HENN OCOEE, F			CREEDEN, CHARLES 703 HENNIS ROAD WINTER GARDEN, FL		
The above in the State	named entity s e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/28/2007	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () CREEDEN, KRI 17550 COBBLE CLERMONT, FL	STONE LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CREEDEN, KEV	Delete /IN A, POINT WOODS CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () CREEDEN, CH/ 994 EVEREST: CLERMONT, FL	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SEC () CREEDEN, GLO	Delete DRIA	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: KEVIN A. CREEDEN VP 03/28/2007