

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 660335

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** CITY COMPRESSOR REBUILDERS, INC.

**Current Principal Place of Business:**

9750 TWIN LAKES PARKWAY  
CHARLOTTE, NC 28269

**New Principal Place of Business:**

**Current Mailing Address:**

9750 TWIN LAKES PARKWAY  
CHARLOTTE, NC 28269

**New Mailing Address:**

**FEI Number:** 59-1988437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLES MORGAN  
1300 NW 167 ST.  
MIAMI, FL 33169 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MORELAND, DWAYNE ALAN  
**Address:** 9750 TWIN LAKES PARKWAY  
**City-St-Zip:** CHARLOTTE, NC 28269

**Title:** STD  
**Name:** MORELAND, SANDRA  
**Address:** 9750 TWIN LAKES PARKWAY  
**City-St-Zip:** CHARLOTTE, NC 28269

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA MORELAND

STD

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date