

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00
Secretary of State

DOCUMENT # H88547

1. Entity Name
J & W TRAILER REPAIR SERVICE, INC.



Principal Place of Business

5809 OLD TWIG LN
RIVERVIEW, FL 33569 US

Mailing Address

5809 OLD TWIG LN
RIVERVIEW, FL 33569 US



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2615007

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYNES, WILLIS A SR.
20748 LONG ACRE DRIVE
DADE CITY, FL 33523

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000830276

04/22/08-80088-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYNES, WILLIS SR. 20748 LONG ACRE DR. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAYNES, DELORES J 20748 LONG ACRE DR. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAYNES, WILLIS A JR. 5817 OLD TWIG LN RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Delores J Haynes* **Delores J. Haynes** 4-8-08 (352) 583-5172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #