## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80618

CREEDEN, CHARLES

CLERMONT, FL 34711

994 EVEREST ST

Name:

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Entity Nar	me: C&W	TRUCKING, I	NC.					
Current Principal Place of Business:					New Principal Place of Business:			
C/O CHARLES W. CREEDEN 703 HENNIS ROAD WINTER GARDEN, FL 34787					703 HENNIS ROAD WINTER GARDEN, FL 34787			
Current Mailing Address:					New Mailing Address:			
C/O CHARLES W. CREEDEN 703 HENNIS ROAD WINTER GARDEN, FL 34787				703 HENNIS ROAD WINTER GARDEN, FL 34787				
FEI Number:	59-2826935	FEI Numbe	er Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate of Status D	Desired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
<b>703 HENN</b>	I, CHARLES IIS ROAD BARDEN, FI		6					
	named enti e of Florida.	ty submits this	statement for the p	ourpose of	f changing it	ts registere	d office or registered ag	gent, or both,
SIGNATUR	RE:							
	Elect	ronic Signature	e of Registered Age	ent			Date	_
Election Car	npaign Finan	ing Trust Fund	Contribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP CREEDEN, 17550 COB CLERMONT	BLESTONE LANE	:		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC CREEDEN, 994 EVERE CLERMONT	ST ST			Title: Name: Address: City-St-Zip:	SEC CREEDEN, 994 EVERE CLERMON		
Title: Name: Address: City-St-Zip:	VP CREEDEN, 1750 CROV OCOEE, FL	/N POINT WOOD	S CIRCLE		Title: Name: Address: City-St-Zip:	VP CREEDEN, 1750 CROV OCOEE, FL	WN POINT WOODS CIRCLE	
Title:	Р	( ) Delete			Title:	Р	(X) Change ( ) Addition	

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

Name:

Address:

City-St-Zip:

CREEDEN, CHARLES W

CLERMONT, FL 34711

994 EVEREST ST

SIGNATURE: KEVIN A. CREEDEN VΡ 03/19/2009