

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28236

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** WALSH TRUCK REPAIR & SERVICE, INC.

**Current Principal Place of Business:**

1841 ORTIZ AVE  
FT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50868  
FT MYERS, FL 33994 US

**New Mailing Address:**

**FEI Number:** 65-0165498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALSH, STEVEN B  
2209 ARDEN ST  
FT MYERS, FL 33907 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:** D  
**Name:** WALSH, STEVEN B  
**Address:** 2209 ARDEN ST  
**City-St-Zip:** FT MYERS, FL 33907

**Title:** P,VP  
**Name:** WALSH, STEVEN B  
**Address:** 2209 ARDEN ST  
**City-St-Zip:** FT MYERS, FL 33907

**Title:** S,T  
**Name:** WALSH, STEVEN B  
**Address:** 2209 ARDEN ST  
**City-St-Zip:** FT MYERS, FL 33907

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:** STEVEN B WALSH

DP

04/26/2010

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

\_\_\_\_\_  
Date