

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L34043

1. Entity Name
RAPID WAYS TRUCK LEASING OF FLORIDA, INC.



Principal Place of Business
**5337 SW 1ST LANE
OCALA, FL 34474 US**

Mailing Address
**BOX 418050
KANSAS CITY, MO 64141 US**

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3676667

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000100055
03/31/04-80030-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
O'DELL, ERVIN
17 SARANAC DR.
FT. LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
O'DELL, JANE
17 SARANAC DR.
FT. LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
POWELL, DALTON
3056 N.W. 50TH COURT
OCALA, FL 34482**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
O'DELL, MARK
13107 HIGHWAY 33
KEARNEY, MO 64060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
WESTFALL, BILLY
1429 WOODBERRY DR.
LIBERTY, MO 64068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-04 8164557262