

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90072 015 ***150.00

DOCUMENT # P00000053419

1. Entity Name

C & W TRUCKING SPECIALIST CO.



Principal Place of Business

17711 9TH STREET
MONTVERDE FL 34756

Mailing Address

17711 9TH STREET
MONTVERDE FL 34756

24033786



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1013847

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOKS, WILLIE C
~~1149 TRYON CIRCLE~~ 17711 9th Street
~~SPRING HILL FL 34606~~ Montverde, FL 34756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Willie C. Cooks*

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

(NOTE: Registered Agent signature required when reinstating)

3-29-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME COOKS, WILLIE C
STREET ADDRESS ~~1149 TRYON CIRCLE~~
CITY-ST-ZIP ~~SPRING HILL FL 34606~~

TITLE ☒ Change ☐ Addition
NAME 17711 9th Street
STREET ADDRESS Montverde, FL 34756
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME COOKS, CAROL M
STREET ADDRESS ~~1149 TRYON CIRCLE~~
CITY-ST-ZIP ~~SPRING HILL FL 34606~~

TITLE ☒ Change ☐ Addition
NAME 17711 9th Street
STREET ADDRESS Montverde, FL 34756
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Carol M. Cooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04
Date

407-469-3557
Daytime Phone #