

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90009 033 ***150.00

DOCUMENT # P02000119776

1. Entity Name
F.W. SPECIAL VEHICLE CONSULTANT, INC.



Principal Place of Business
4025 PINETREE LANE SOUTH
LAKELAND, FL 33811

Mailing Address
4025 PINETREE LANE SOUTH
LAKELAND, FL 33811

20006805



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

01-0752790

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

COWARD, GEORGE T
1915 SOUTH FLORIDA AVE.
LAKELAND, FL 33803

Name J. FRANK WINGFIELD

Street Address (P.O. Box Number is Not Acceptable)
4025 PINETREE LANE SOUTH

City LAKELAND

FL

Zip Code
33811

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
WINGFIELD, J. FRANK
4025 PINETREE LANE SOUTH
LAKELAND, FL 33811 ☐ Delete

TITLE
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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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06

Date

863-646-4665

Daytime Phone #