2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL H	EPORT (AF	<u> </u>	Apr 10, 2006 08:00 AM	
DOCUMENT # P0400006055 1. Entity Name				Secretary of State	
C.E.W. TRUCKING, INC.					
Principal Place of Business Mailing Address			-		
5617 DIANTHUS ST. GREEN COVE SPRINGS FL 32043		5617 DIANTHUS ST. GREEN COVE SPRINGS FL 32043			
GHELMOO	VE 51 MMG5 / E 32045	GHELIY COVE SI KIKY	u3 FL 32043		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State		City & State		4. FE) Number 20-0557063 (Applied For Not Applicate	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
WO	OOD II, CHESTER E		Name		
5617 DIANTNUS ST GREEN COVE SPRINGS FL 32043			Street Addr	Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
		or the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accer	
the obliga	tions of registered agent.				
SIGNATURE Signature, types or present name of registered agent and title of applicable. (NOTE Registered Agent signature resulting when tensitating). DATE					
F	ILE NOW!!! FEE IS \$150.00	reproductive of the control of the c		O Crayles Commission Francisco de Commission	
After	May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees	
1G.	OFFICERS AND	4 4/2 - W-2/1/4	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D,P	☐ Delote	THE	U00000498622 ☐ Change ☐ Addin	
NAME STREET ADDRESS	WOOD, CHESTER E III	-	NAMÉ CERCET ARROCCIO	04/22/06-80102-015 150.00	
CITY-ST-ZIP	5617 DIANTHUS ST. GREEN COVE SPRINGS FL 32043		STREET ADDRESS CITY-ST-ZIP		
IIITE	VP	☐ Delete	TICLE	☐ Change ☐ Autom	
NAME STREET ADDRESS	WINGATE, OWEN C III 211 FERRIS ST.		name Street address		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	·	CITY-ST-ZIP		
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City-SI-ZIP			CITY-SI-ZIP		
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C)TY-ST-Z)P			CITY-SY-ZIP		
TITLE		☐ Delete	TITLE	Change Change	
NAME STREET ADDRESS			NAME STREET ADORESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby i	certify that the information supplied with	h this filing does not quality	for the exemptions con	tained in Section 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath, that I am an officer or director	
of the cor	paration or the receiver or trustee amplification on the receiver or trustee amplification and address	Sowered to execute this reposed with all other like among	my signature shall have it as required by Chapti red	tre same legal effect as it made under oath, that I am an officer of director er 607. Florida Statutes; and that my name appears in Block 10 or Block 11	
is charged, or on an accommendation are address, with all other tipe empowered.					

FILED