

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90023 033 \*\*\*150.00

DOCUMENT # P04000153537

1. Entity Name

GLEN WILSON CBC TRUCKING, INC.



Principal Place of Business

6090 MANNHEIM RD.  
BOKEELIA FL 33922

Mailing Address

6090 MANNHEIM RD.  
BOKEELIA FL 33922

2. Principal Place of Business

3. Mailing Address

6090 Mannheim RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bokeelia FL

City & State

Bokeelia, FL

Zip  
33922

Country  
USA

Zip  
33922

Country  
USA

4. FEI Number

364191892

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, GLEN  
6090 MANNHEIM RD.  
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

Name GLEN Wilson

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

6090 Mannheim RD

City Bokeelia

FL

Zip Code 33922

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE PD ☐ Delete  
NAME WILSON, GLEN  
STREET ADDRESS 6090 MANNHEIM RD.  
CITY-ST-ZIP BOKEELIA FL 33922

TITLE D ☐ Delete  
NAME WILSON, BARRY  
STREET ADDRESS 6090 MANNHEIM RD.  
CITY-ST-ZIP BOKEELIA FL 33922

TITLE D ☐ Delete  
NAME WILSON, LAURIE  
STREET ADDRESS 6090 MANNHEIM RD.  
CITY-ST-ZIP BOKEELIA FL 33922

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #