

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90038 001 \*\*\*300.00

**DOCUMENT # P05000069276**

1. Entity Name  
**VINCENT TRUCK REPAIR INC**



Principal Place of Business

**2134 S E 19TH AVENUE  
CAPE CORAL, FL 33990**

Mailing Address

**2134 S E 19TH AVENUE  
CAPE CORAL, FL 33990**

**66000409**



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1667313</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SWAN, LAWRENCE  
CALOOSEHATCHE TAX & FINANCIAL SERVICE INC  
709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DIMARZO, VINCENT 2134 S E 19TH AVENUE CAPE CORAL, FL 33990</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*1/21/08* *239 8253639*

66000409

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## Detail by Entity Name

### Florida Profit Corporation

VINCENT TRUCK REPAIR INC

### Filing Information

Document Number P05000069276

FEI Number 421667313

Date Filed 05/09/2005

State FL

Status ACTIVE

### Principal Address

2134 S E 19TH AVENUE  
CAPE CORAL FL 33990

### Mailing Address

2134 S E 19TH AVENUE  
CAPE CORAL FL 33990

### Registered Agent Name & Address

SWAN, LAWRENCE  
CALOOSEHATCHE TAX & FINANCIAL SERVICE INC  
709 CAPE CORAL PKWY WEST  
CAPE CORAL FL 33914 US

Address Changed: 01/22/2007

### Officer/Director Detail

#### Name & Address

Title D

DIMARZO, VINCENT  
2134 S E 19TH AVENUE  
CAPE CORAL FL 33990

### Annual Reports

Report Year Filed Date

2006 07/25/2006

2007

01/22/2007

**Document Images**

01/22/2007 -- ANNUAL REPORT

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05/09/2005 -- Domestic Profit

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**Note:** This is not official record. See documents if question or conflict.

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