


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000003461  
 1. Entity Name  
 COMPLETE DIESEL SERVICES, INC.



Principal Place of Business: 1409 CHARLES CT, FORT MYERS, FL 33919  
 Mailing Address: 1409 CHARLES CT, FORT MYERS, FL 33919



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0813708 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
 WINFIELD, DOUGLAS J  
 1409 CHARLES CT  
 FT MYERS, FL 33919

**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: \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000187433  
 01/24/05-80012-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WINFIELD, DOUGLAS
STREET ADDRESS	1409 CHARLES CT
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	S
NAME	WINFIELD, SHIRLEY
STREET ADDRESS	1409 CHARLES CT
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Douglas J. Winfield* x 1/18/05 x 239-418-0040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #