

# 2007 FOR PROFIT CORPORATION, ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 011 \*\*\*150.00

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



2. Principal Place of Business - No P.O. Box #

920 N.W. 5th Pl

3. Mailing Address

920 N.W. 5th Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Cape Coral

City & State

FL

4. FEI Number 65-0813708

Applied For

Not Applicable

Zip 33983

Country USA

Zip 33993

Country USA

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

WINFIELD, DOUGLAS J  
1409 CHARLES CT  
FT MYERS FL 33919

Name

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

920 N.W. 5th Pl

Cape Coral FL

City

FL

Zip Code 33993

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 resigning)

DATE

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

**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | P                 | <input type="checkbox"/> Delete |
| NAME           | WINFIELD, DOUGLAS |                                 |
| STREET ADDRESS | 1409 CHARLES CT   |                                 |
| CITY-STATE-ZIP | FT MYERS FL 33919 |                                 |
| TITLE          | S                 | <input type="checkbox"/> Delete |
| NAME           | WINFIELD, SHIRLEY |                                 |
| STREET ADDRESS | 1409 CHARLES CT   |                                 |
| CITY-STATE-ZIP | FT MYERS FL 33919 |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-STATE-ZIP |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-STATE-ZIP |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-STATE-ZIP |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-STATE-ZIP |                   |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

2394583073

Date Phone #