2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023751

REX, ASHLEY

1044 CASTELLO DR #106

NAPLES, FL 34103

Name:

Address:

City-St-Zip:

FILED Mar 29, 2004 Secretary of State

Entity Name: CLEVELAND SERVICE STATIONS INC.						
Current Principal Place of Business:				New Principal Place of Business:		
5800 DUNC PUNTA GC		33982				
Current Mailing Address:				New Mailing Address:		
1044 CASTELLO DR 3106-ASHLEY NAPLES, FL 34103			C/O N R ASHLEY 1044 CASTELLO DR # 106 NAPLES, FL 34103			
FEI Number:	65-0923012	FEI Number Applied Fo	r () FEI Nui	mber Not Appl	icable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
STETLER, 8889 PELIC STE 300 NAPLES, F	CAN BAY B	LVD				
The above in the State		ty submits this statement	for the purpose o	of changing i	ts registered	d office or registered agent, or both,
SIGNATUR	E:					
Electronic Signature of Registered Agent						Date
Election Cam	paign Financ	cing Trust Fund Contribution	().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COB ASHLEY, W. 1101 ROSE NAPLES, FL	MARY CT #A104		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP NALE, STEV 14400 SW 3 DAVIE, FL 3	OTH CT		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	PD YOUNG, DA 27210 BARE BONITA SPE			Title: Name: Address: City-St-Zip:		() Change () Addition
Title:	TD	() Delete		Title:	TD	(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ASHLEY, N ŘÉX

NAPLES, FL 34103

1044 CASTELLO DR #106

SIGNATURE: N REX ASHLEY TD 03/29/2004