

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P99000023751**

1. Entity Name

CLEVELAND SERVICE STATIONS INC.



Principal Place of Business

27210 BAREFOOT LANE  
BONITA SPRINGS, FL 34135

Mailing Address

C/O N R ASHLEY  
1044 CASTELLO DR # 106  
NAPLES, FL 34103



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0923012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

STETLER, RONALD L  
5551 RIDGEWOOD DRIVE, STE 101  
NAPLES, FL 34108

**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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	ASHLEY, WAYNE
STREET ADDRESS	1101 ROSEMARY CT #A104
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VP
NAME	NALE, STEVE
STREET ADDRESS	14400 SW 30TH CT
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	PD
NAME	YOUNG, DAVID M
STREET ADDRESS	27210 BAREFOOT LN
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	TD
NAME	ASHLEY, N REX
STREET ADDRESS	1044 CASTELLO DR #106
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000539153  
05/09/06-80090-004 150.00

**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 #

4/25/06 239-261-7200