


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S71617</b> 1. Entity Name C & W TRANSPORT, INC.	
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Principal Place of Business 703 HENNIS RD WINTER GARDEN, FL 34787	Mailing Address 703 HENNIS RD WINTER GARDEN, FL 34787
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<b>DO NOT WRITE IN THIS SPACE</b>
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02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3076345	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  CREEDEN, CHARLES W. 994 EVEREST STREET CLERMONT, FL 34711
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000127321 04/23/04-80068-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CREEDEN, KRIS M. 17550 COBBLESTONE LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CREEDEN, GLORIA 994 EVEREST STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CREEDEN, KEVIN A. 1750 CROWN POINT WOODS CIRCLE OCOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CREEDEN, CHARLES W. 994 EVEREST STREET CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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)(i), 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:** Charles W. Creeden 4/20/04 407 877-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #