


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S71617 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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DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3076345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CREEDEN, CHARLES W. 994 EVEREST STREET CLERMONT, FL 34711	DO NOT WRITE IN THIS SPACE
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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 _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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03/14/05-80023-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  3/8/05 407-877-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #