


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # V61417 1. Entity Name REVELL TRUCK REPAIR & FLEET MAINTENANCE, INC.	
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Principal Place of Business 9800 S ORANGE AVE ORLANDO, FL 32824 US	Mailing Address 9800 S ORANGE AVE ORLANDO, FL 32824 US
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3151230	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REVELL, BOBBY 9800 S. ORANGE AVE ORLANDO, FL 32824	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000126906
04/23/04-80053-007 8.75

000000126906
04/23/04-80053-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVELL, BOBBY 9800 S. ORANGE AVE ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04
Date Daytime Phone #