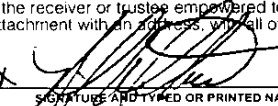


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 050 ***150.00

DOCUMENT # P06000093960 1. Entity Name WATSON TRUCKING INC.					
Principal Place of Business 2 PINE RIDGE LAKE WALES, FL 33898-9601			Mailing Address 2 PINE RIDGE LAKE WALES, FL 33898-9601		
2. Principal Place of Business - No P.O. Box # 116 Willow St Suite, Apt. #, etc.		3. Mailing Address 116 Willow St Suite, Apt. #, etc.			
City & State Lake Wales FL		City & State Lake Wales FL		4. FEI Number 20-5232761	
Zip 33859-8733		Country Polk		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, BOBBY N 2 PINE RIDGE LAKE WALES, FL 33898-9601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 116 Willow St City Lake Wales FL Zip Code 33859	
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.) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, BOBBY N 2 PINE RIDGE LAKE WALES, FL 338989601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	116 Willow St Lake Wales FL 33859-8733	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: X  27, 07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					