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	Mailing Address
2 PINE RIDGE LAKE WALES, FL 33898-9601	2 PINE RIDGE LAKE WALES, FL 33898-9601

08222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
116 Willow St		116 Willow St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake Wales FL		City & State: Lake Wales FL	
Zip: 33859-8733	Country: Polk	Zip: 33859-8733	Country: Polk

4. FEI Number 20-5232761 ☐ Applied For ☐ Not Applicable

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
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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 [signature] Aug 27, 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #