

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39885

FILED
Jan 25, 2007
Secretary of State

Entity Name: DAWSON TRUCKING COMPANY, INC.

Current Principal Place of Business:

310 MEALY DR
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

P O BOX 330707
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-2739194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAWSON, WILLIAM, B, IV
310 MEALY DR.
ATLANTIC BCH, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAWSON, WILLIAM B., IV
Address: 310 MEALY DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: NYSTROM, SHIRLEY C.,
Address: 10950 ROCK ISLAND ROAD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: NYSTROM, SHIRLEY C.,
Address: 10950 ROCK ISLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY C. NYSTROM

T

01/25/2007

Electronic Signature of Signing Officer or Director

Date