


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J98675		
1. Entity Name WATSON TRUCKING & EQUIPMENT RENTAL, INC.		
Principal Place of Business 5600 NW 102ND AVENUE SUITE H SUNRISE, FL 33351 US		Mailing Address 5600 NW 102ND AVENUE SUITE H SUNRISE, FL 33351 US
DO NOT WRITE IN THIS SPACE		
		04062005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0014924
		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		
WATSON, JOHN F. 5600 NW 102ND AVENUE SUITE H SUNRISE, FL 33351		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WATSON, JOHN F. 12030 N.W. 20TH ST. PLANTATION, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WATSON, KEVIN 8727 NW 39TH ST SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WATSON, DEBBIE 12030 NW 20TH CT. PLANTATION, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 title empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-20-05</u> Daytime Phone # _____