2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J98675

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

01052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0014924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

OFFICERS AND DIRECTORS

TITLE	P
NAME	WATSON, JOHN F.
STREET ADDRESS	12030 N.W. 20TH ST.
CITY-ST-ZIP	PLANTATION, FL
TITLE	T
NAME	WATSON, KEVIN
STREET ADDRESS	8727 NW 39TH ST
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	S
NAME	WATSON, DEBBIE
STREET ADDRESS	12030 NW 20TH CT.
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80002-019 150.00

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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: John Watson 1/5/06 954 746-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #