

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 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**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000823125  
02/20/08-80025-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATSON, JOHN F.
STREET ADDRESS	12030 N.W. 20TH ST.
CITY- ST- ZIP	PLANTATION, FL
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	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08 9847467600  
Date Daytime Phone #