2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061386

Entity Name: WILSON TRUCKING, LLC

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 118 JOSEPHINE AVE 304 DURHAM AVE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 **Current Mailing Address: New Mailing Address:** 118 JOSEPHINE AVE 304 DURHAM AVE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 FEI Number: 59-3787834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition WILSON, CALVERY MGR WILSON, CALVERY MGR Name: Name: 118 JOSEPHINE AVE Address: 304 DURHAM AVE Address: City-St-Zip: LAKE PLACID, FL 33852 US City-St-Zip: LAKE PLACID, FL 33852 US Title: MGRM () Delete Title: MGRM (X) Change () Addition WILSON, SHIRLEY E MGRM Name: WILSON, SHIRLEY E MGRM Name: Address: 118 JOSEPHINE AVE Address: 304 DURHAM AVE City-St-Zip: LAKE PLACID, FL 33852 US City-St-Zip: LAKE PLACID, FL 33852 US Title: () Delete Title: MGRM () Change (X) Addition WILSON, MONICA L MGRM Name: Name: Address: Address: 144 JOSEPHINE AVE City-St-Zip: City-St-Zip: LAKE PLACID, FL 33852 US Title: () Delete Title: MGRM () Change (X) Addition Name: Name: WILSON, MARIO A MGRM 130 JOSEPHINE AVE Address: Address: City-St-Zip: City-St-Zip: LAKE PLACID, FL 33852 US Title: () Delete Title: MGRM () Change (X) Addition WILSON, CALVIN L MGRM Name: Name: 144 JOSEPHINE AVE Address: Address: City-St-Zip: City-St-Zip: LAKE PLACID, FL 33852 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CALVERY WILSON MGR 04/28/2006