

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061386

Entity Name: WILSON TRUCKING, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

8064 SR 64 E
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

304 DURHAM AVE
LAKE PLACID, FL 338527868 US

Current Mailing Address:

8064 SR 64 E
ZOLFO SPRINGS, FL 33890

New Mailing Address:

304 DURHAM AVE
LAKE PLACID, FL 338527868 US

FEI Number: 59-3787834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILSON, CALVERY MGR
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: MGRM () Delete
Name: WILSON, SHIRLEY E MGRM
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: MGRM () Delete
Name: WILSON, MONICA L MGRM
Address: 111 BUNCHE AVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGRM () Delete
Name: WILSON, MARIO A MGRM
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRING, FL 33890 US

Title: MGRM () Delete
Name: WILSON, CALVIN L MGRM
Address: 144 JOSEPHINE AVE
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILSON, CALVERY MGR
Address: 304 DURHAM AVE
City-St-Zip: LAKE PLACID, FL 338526878 US

Title: MGRM (X) Change () Addition
Name: WILSON, SHIRLEY E MGRM
Address: 304 DURHAM AVE
City-St-Zip: LAKE PLACID, FL 338526878 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHIRLEY E WILSON

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date