

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068705

Entity Name: W. ATEN TRUCKING, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 152779
TAMPA, FL 336842779

New Principal Place of Business:

11302 SYLVAN GREEN LN
RIVERVIEW, FL 33569

Current Mailing Address:

POST OFFICE BOX 152779
TAMPA, FL 336842779

New Mailing Address:

11302 SYLVAN GREEN LN
RIVERVIEW, FL 33569

FEI Number: 59-3661136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATEN, ELIZABETH C
11302 SYLVAN GREEN LN
RIVERVIEW, FL 33569 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ATEN, WILLIS E
Address: 11302 SYLVAN GREEN LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ATEN, ELIZABETH C
Address: 11302 SYLVAN GREEN LANE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DLIZABETH C. ATEN

D

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date