


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000081426		
1. Entity Name J.D. WILSON TRANSPORT, INC.		
Principal Place of Business 1770 SE 80TH ST. OCALA, FL 34480	Mailing Address 1770 SE 80TH ST. OCALA, FL 34480	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILSON, JACK D 1770 SE 80TH ST. OCALA, FL 34480		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: <u><i>Jack D Wilson</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE: <u>4-7-2005</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JACK D 1770 SE 80TH ST. OCALA, FL 34480	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Jack D Wilson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		DATE: <u>4-7-2005</u> Daytime Phone #



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3680136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/08/05-80022-005 150.00

**DO NOT WRITE
IN THIS SPACE**