

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071407

Entity Name: WFW TRUCKING, INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

2725 N LAURA STREET  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

## Current Mailing Address:

2725 N LAURA STREET  
JACKSONVILLE, FL 32206

## New Mailing Address:

FEI Number: 03-0432409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, WILLIE F  
1950 PAINE AVENUE  
JACKSONVILLE, FL 32211

## Name and Address of New Registered Agent:

WILLIAMS, WILLIE F  
11357 BLOSSOM RIDGE DRIVE  
JACKSONVILLE, FL 32218

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: WILLIE F WILLIAMS

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: WILLIAMS, WILLIE F  
Address: 11357 BLOSSOM RIDGE DR.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD ( ) Delete  
Name: WILLIAMS, GWENDOLYN  
Address: 11357 BLOSSOM RIDGE DR.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: CEO ( ) Delete  
Name: WILLIAMS, KHALEAF S  
Address: 2725 N. LAURA ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: FS ( ) Delete  
Name: WILLIAMS, JR., WILLIE F  
Address: 11357 BLOSSOM RIDGE DR.  
City-St-Zip: JACKSONVILLE, FL 32218

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: GWENDOLYN WILLIAMS

VD

05/01/2004

Electronic Signature of Signing Officer or Director

Date