

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


Vendor **FILED**  
**Mar 01, 2006 08:00 AM**  
 Inv # **Secretary of State**  
 Inv Date **11/10/06**  
 APPROVED  
 Exp  

GR	AMOUNT
7330	150.00

 Barcode  
 01052006 No. Chg P. CR2E034 (11/05)  
**Net Total \$ 150.00**

**DOCUMENT # P03000023913**

1. Entry Name  
**SUNSET TRUCKING & EQUIPMENT RENTAL, INC.**



Principal Place of Business  
**5600 N.W. 102ND AVENUE, SUITE H  
 SUNRISE, FL 33351**

Mailing Address  
**5600 N.W. 102ND AVENUE, SUITE H  
 SUNRISE, FL 33351**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **74-3080571** Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WATSON, JOHN F  
 5600 N.W. 102ND AVENUE, SUITE H  
 SUNRISE, FL 33351**

**DO NOT WRITE IN THIS SPACE**

8. The above named entry 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renouncing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

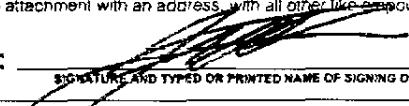
**000000452038  
 03/11/06-80011-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>WATSON, JOHN F</b>
STREET ADDRESS	<b>5600 N.W. 102ND AVENUE, SUITE H</b>
CITY - ST - ZIP	<b>SUNRISE, FL 33351</b>
TITLE	<b>D</b>
NAME	<b>COGHLAN, TERRACE J</b>
STREET ADDRESS	<b>5600 N.W. 102ND AVENUE, SUITE H</b>
CITY - ST - ZIP	<b>SUNRISE, FL 33351</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **John Watson** 1/5/06 984 746 7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #