## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 27, 2008 8:00 am **Secretary of State DOCUMENT # P04000050084** 02-27-2008 90011 001 \*\*\*158.75 1. Entity Name WILCO-TRUCKING, INC. Principal Place of Business Mailing Address 3200 NW 208 TERRACE 3200 NW 208 TERRACE MIAMI, FL 33056 MIAMI, FL 33056 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1037160 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLEY, WILLIE J DO NOT WRITE **3200 NW 208 TERRACE** MIAMI, FL 33056 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE COLEY, WILLIE J NAME STREET ADDRESS 3200 NW 208 TERRACE CITY-ST-ZIP MIAMI, FL 33056 PSTD TITLE COLEY, WILLIE J NAME 3200 NW 208TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33056 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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