2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000075963

1. Entity Name

HAROLD WILLIAMS TRUCKING INC



Mailing Address

1491 N CARNEY AVE LECANTO, FL 34461

Principal Place of Business

1491 N CARNEY AVE LECANTO, FL 34461

FILED Apr 10, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03242007 No Chg-P CR2E034 (11/05)

5.	Certificate of Status Desired	\$8.75	Additional quired
	20-1081366	Г	Not Applicable
4.	FEI Number	- 1	Applied For

6. Name and Address of Current Registered Agent

WILLIAMS, HAROLD L 1491 N CARNEY AVE LECANTO, FL 34461

DO NOT WRITE IN THIS SPACE

the obligations of registered agent								
SIGNATURE	Signature typed or printed name of registered agent and title	applicable (NOTE: Re-	gistered Agont signature	required when reinstating)	DATE.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, HAROLD L 1491 N CARNEY AVE LECANTO, FL 34461				U00000697381 04/18/07-80038-014 150.00			
TITLE. NAME STREET ADDRESS CITY+ST-ZIP								
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE. NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filling 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 logal 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.								