

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P04000100358**

1. Entity Name  
**CRUSADER HEAVY TRUCKING INC.**

Principal Place of Business  
P.O. BOX 6187  
JENSEN BEACH FL 34957

Mailing Address  
P.O. BOX 6187  
JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

4. FEI Number **20-1325634** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WATSON III, CHARLES E</b> <b>100 NE 6 AVENUE, LOT 44</b> <b>HOMESTEAD FL 33030</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON JR., CHARLES E			NAME			
STREET ADDRESS	P.O. BOX 6187			STREET ADDRESS	U000000723684		
CITY- ST- ZIP	JENSEN BEACH FL 34957			CITY- ST- ZIP	05/02/07-80082-001 150.75		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON III, CHARLES E			NAME			
STREET ADDRESS	P.O. BOX 6187			STREET ADDRESS			
CITY- ST- ZIP	JENSEN BEACH FL 34957			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_ DATE: 4/17/07