

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147619

Entity Name: WILLIAMSON TRANSPORT, INC.

FILED  
Apr 13, 2008  
Secretary of State

## Current Principal Place of Business:

5242 SHALE RIDGE TRAIL  
ORLANDO, FL 32818

## New Principal Place of Business:

## Current Mailing Address:

5242 SHALE RIDGE TRAIL  
ORLANDO, FL 32818

## New Mailing Address:

FEI Number: 20-3734629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMSON, MONICA  
5242 SHALE RIDGE TRAIL  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMSON, MONICA  
Address: 5242 SHALE RIDGE TRAIL  
City-St-Zip: ORLANDO, FL 32818

Title: V ( ) Delete  
Name: COLWIN, BEDKFORD  
Address: 5914 RIVIERA DR  
City-St-Zip: ORLANDO, FL 32808 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition  
Name: BECKFORD, GARNET DIR.  
Address: 5914 RIVIERA DR  
City-St-Zip: ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MONICA WILLIAMSON

P

04/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date