

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035289

FILED
May 15, 2007
Secretary of State

Entity Name: RICHARDSON & WELLS TRUCKING INC

Current Principal Place of Business:

9406 THORN GLEN RD
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

9406 THORN GLEN RD
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 20-4443549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, APRIL R
9406 THORN GLEN RD
JACKSONVILLE, FL 32208 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLS, APRIL R
Address: 9406 THORN GLEN RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: RICHARDSON, SHAWN K
Address: 11291 HARTS RD APT 1101
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: O () Delete
Name: HEARD, REGINALD B
Address: 11050 HARTS RD APT 402
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: P () Delete
Name: WELLS, ANTHONY L JR.
Address: 9406 THORN GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WELLS, ANTHONY L JR
Address: 9406 THORN GLEN RD
City-St-Zip: JACKSONVILLE, FL 32208 US

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

Title: VP (X) Change () Addition
Name: RICHARDSON, SHAWN K
Address: 11291 HARTS RD APT 101
City-St-Zip: JACKSONVILLE, FL 32218

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: APRIL WELLS

P

05/15/2007

Electronic Signature of Signing Officer or Director

Date