

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037901

**FILED**  
**Feb 22, 2008**  
**Secretary of State**

**Entity Name:** WALT SAN TRUCKING INC

**Current Principal Place of Business:**

4411 CLUB CIRCLE  
LAKESHORE, FL 33854

**New Principal Place of Business:**

4411 CLUB CIRCLE  
LAKESHORE, FL 33854 US

**Current Mailing Address:**

P.O. BOX 659  
HAINES CITY, FL 33845

**New Mailing Address:**

P.O. BOX 659  
HAINES CITY, FL 33845 US

**FEI Number:** 20-4496275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANCHEZ, WALTER  
PO. BOX 659  
HAINES CITY, FL 33845 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: SANCHEZ, WALTER  
Address: PO. BOX 659  
City-St-Zip: HAINES CITY, FL 33845

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SANCHEZ, WALTER  
Address: PO. BOX 659  
City-St-Zip: HAINES CITY, FL 33845 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:** WALTER SANCHEZ

P

02/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date