

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068618

FILED  
Jan 21, 2007  
Secretary of State

Entity Name: WESLEY NELSON TRUCKING, INC.

## Current Principal Place of Business:

37079 CREPE MYRTLE LANE  
HILLIARD, FL 32046

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1686  
HILLIARD, FL 32046

## New Mailing Address:

FEI Number: 20-4886303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NELSON, WESLEY  
37079 CREPE MYRTLE LANE  
HILLIARD, FL 32046 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: NELSON, WESLEY  
Address: 37079 CREPE MYRTLE LANE  
City-St-Zip: HILLIARD, FL 32046

Title: VP ( ) Delete  
Name: NELSON, CHARLOTTE A  
Address: 37079 CREPE MYRTLE LANE  
City-St-Zip: HILLIARD, FL 32046

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WESLEY NELSON

PRES

01/21/2007

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

\_\_\_\_\_  
Date