

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90164 047 ***150.00

DOCUMENT # P07000026233

1. Entity Name
ALL SOUTHERN TRUCKING AND BOBCAT WESTCOAST, INC.



Principal Place of Business
**819 CHAMPION AVENUE
LEHIGH ACRES, FL 33971**

Mailing Address
**819 CHAMPION AVENUE
LEHIGH ACRES, FL 33971**

60032478



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

115 High Street

04282008

Chg-P

CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavernier, FL

Zip

Country

Zip

Country

33070

USA

4. FEI Number

20-8522702

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

**GUY, WILLIAM G II
115 HIGH STREET
KEY LARGO, FL 33037**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **Tavernier**

FL

Zip Code **33037**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P D** ☐ Delete
NAME **GUY, WILLIAM G II**
STREET ADDRESS **115 HIGH STREET**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **STD** ☒ Delete
NAME **LAWRANCE, RENE**
STREET ADDRESS **819 CHAMPION AVENUE**
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, VP, D, T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S.D. Terry Lawrance**
STREET ADDRESS **819 Champion Avenue**
CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

305-522-FF12
Daytime Phone #