

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P35494

1. Entity Name
WILSON TRUCKING CORPORATION



Principal Place of Business
**PO BOX 200
FISHERVILLE, VA 22939-0200 US**

Mailing Address
**PO BOX 200
FISHERVILLE, VA 22939-0200 US**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0438445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, C.L.
STREET ADDRESS	PO BOX 501
CITY-ST-ZIP	FISHERVILLE, VA 22939
TITLE	VPD
NAME	WILSON, GUY
STREET ADDRESS	826 MT TORREY ROAD
CITY-ST-ZIP	LYNDHURST, VA 22952
TITLE	VPS
NAME	COLLIER, DAVID B
STREET ADDRESS	18 BEDFORD LANE
CITY-ST-ZIP	FISHERVILLE, VA 22939
TITLE	EVPC
NAME	HERNDON, J. MICHAEL
STREET ADDRESS	372 HICKORY HILL ROAD
CITY-ST-ZIP	FISHERVILLE, VA
TITLE	SD
NAME	EAST, R. E.
STREET ADDRESS	238 VANCE LANE
CITY-ST-ZIP	STUARTS DRAFT, VA 24477
TITLE	VPT
NAME	GUFFEY, EDWARD L
STREET ADDRESS	828 LAMMERMOOR DR
CITY-ST-ZIP	STAUNTON, VA

**DO NOT WRITE
IN THIS SPACE**

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05/18/07-80041-002 150.00

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:

J. Michael Herndon
J. MICHAEL HERNDON, EXEC. VP & CFO

04/27/07 540 949-3200 EXT

Date Daytime Phone # 248