

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90097 012 ***150.00

DOCUMENT # P96000048454

1. Entity Name
WESTERN STATES TRANSPORTATION SERVICES, INC.



Principal Place of Business
**1048 1/2 HWY 92 W
AUBURNDALE, FL 33823**

Mailing Address
**P.O. BOX 1839
AUBURNDALE, FL 33823**



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3382053

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MABRY, DANNY R
1048 1/2 HWY 92 W
AUBURNDALE, FL 33823**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MABRY, DANNY D
STREET ADDRESS	1048 1/2 HWY 92 W
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	V
NAME	DAVIDSON, GERALD E
STREET ADDRESS	707 COUNTRY LN NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	S
NAME	GUY, NICHOLE R
STREET ADDRESS	913 KRISTINA CT
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
GERALD E. DAVIDSON

V.P. 4/13/04 (863) 967-0486

Date

Daytime Phone #