

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90026 028 ***150.00

DOCUMENT # P98000036181

1. Entity Name

CWN TRUCKING, INC.



Principal Place of Business

3920 EAST DOUBLE J ACRES
ALVA FL 33920
US

Mailing Address

3920 EAST DOUBLE J ACRES
ALVA FL 33920
US



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

3920 East Double J Acres

Suite, Apt. #, etc.

3. Mailing Address

3920 East Double J Acres

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LaBelle, Fla.

Zip

33935

Country

US

City & State

LaBelle, Fla.

Zip

33935

Country

US

4. FEI Number

65-0827308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CAROL J
3920 EAST DOUBLE J ACRES
ALVA FL 33920

7. Name and Address of New Registered Agent

Name

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

3920 EAST Double J Acres

City

LaBelle

FL

Zip Code

33935

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME WILLIAMS, CAROL
STREET ADDRESS 2920 EAST DOUBLE J ACRES
CITY - ST - ZIP ALVA FL 33920

TITLE VSD ☐ Delete
NAME WILLIAMS, DAVID
STREET ADDRESS 2920 EAST DOUBLE J ACRES
CITY - ST - ZIP ALVA FL 33920

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

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

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carol J. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07 863-675-7622
Date Daytime Phone #