

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G81309

Entity Name: MID-FLA. HAULING, INC.

FILED  
Mar 21, 2005  
Secretary of State

**Current Principal Place of Business:**

STATE RD. 121  
P.O. BOX 100  
WORTHINGTON SPRINGS, FL 32697

**New Principal Place of Business:**

4154 SW STATE ROAD 121  
WORTHINGTON SPRINGS, FL 32697

**Current Mailing Address:**

STATE RD. 121  
P.O. BOX 100  
WORTHINGTON SPRINGS, FL 32697

**New Mailing Address:**

PO BOX 100  
WORTHINGTON SPRINGS, FL 32697

FEI Number: 59-2391549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAULERSON, BELINDA  
STATE ROAD 121 (PO BOX 100)  
100 STATE ROAD 121  
WORTHINGTON SPRINGS, FL 32697 US

**Name and Address of New Registered Agent:**

RAULERSON, BELINDA  
P O BOX 100  
WORTHINGTON SPRINGS, FL 32697 US

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: \_\_\_\_\_

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRITCHETT, MARVIN H.,  
Address: WEST HWY 121, PO BOX 121  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ST ( ) Delete  
Name: LOWELL, SHAD,  
Address: EAST HWY 121 P.O. BOX 506  
City-St-Zip: LAKE BUTLER, FL 32054

**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 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 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: BELINDA RAULERSON

GM

03/21/2005

Electronic Signature of Signing Officer or Director

Date