2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90005 018 ***150.00

DOCUMENT # P01000029723

1. Entity Name
DENTON'S HAULING & TRACTOR SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 685 CLARCONA, FL 32710	P.O. BOX 685 CLARCONA, FL 32710

03052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
14420 C R 48		P. O. BOX 88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ASTATULA, FL		City & State: ASTATULA, FL	
Zip: 34705	Country: LAKE	Zip: 34705	Country: LAKE

4. FEI Number: 59-3706322 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENTON, WAYNE
5443 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 14420 C R 48
City: ASTATULA FL Zip Code: 34705

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: Laurie Denton DATE: 3/13/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DENTON, WAYNE P.O. BOX 685 CLARCONA, FL 32710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. O. BOX 88 ASTATULA, FL 34705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT DENTON, LAURIE P.O. BOX 685 CLARCONA, FL 32710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. O. BOX 88 ASTATULA, FL 34705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

LAURIE DENTON

SIGNATURE: Laurie Denton Date: 3/13/08 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR