


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000097791
 1. Entity Name
RELIABLE FENCE, LAND CLEARING AND HAULING, INC.



Principal Place of Business Mailing Address
539 NE CANDY LANE **PO BOX 583**
MAYO, FL 32066 **MAYO, FL 32066**

DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
54-2128428 Not Applicable

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

6. Name and Address of Current Registered Agent
PEARSON, TOMMY
539 NE CANDY LANE
MAYO, FL 32066

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2008 Fee will be \$550.00

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

U00000831947
 02/27/08-80039-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARSON, TROY M
STREET ADDRESS	PO BOX 539 NE CANDY LANE
CITY-ST-ZIP	MAYO, FL 32066
TITLE	V
NAME	PEARSON, TOMMY
STREET ADDRESS	539 NE CANDY LANE
CITY-ST-ZIP	MAYO, FL 32066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Tommy Pearson 2/15/08 386-688-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #