

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110523

FILED  
May 30, 2006  
Secretary of State

Entity Name: BEN'S DUMP, HAULING AND REMOVAL, INC.

**Current Principal Place of Business:**

1601 23RD ST.  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1601 23RD ST.  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 68-0612877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, BENJAMIN D  
1601 23RD ST.  
NICEVILLE, FL 32578      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVT ( ) Delete  
Name: SMITH, BENJAMIN D  
Address: 1601 23RD ST.  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: SIKES, KEVIN  
Address: 2405 DUNN CT.  
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Delete  
Name: SHEPARDSON, LANCE  
Address: 429 EDGE AVENUE  
City-St-Zip: VALPARAISO, FL 32580

Title: V (X) Delete  
Name: SMITH, SHAWNA  
Address: 1601 23RD  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SMITH, SHAWNA M  
Address: 1601 23RD ST.  
City-St-Zip: NICEVILLE, FL 32578

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 Chapter 119, 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: BENJAMIN DAVID SMITH

PVT

05/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date