2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000071534

1. Entity Name

CHEÁTHAM HAULING, INC.



US

Principal Place of Business

Mailing Address

160 MAPLE STREET FREEPORT, FL 32439 U 160 MAPLE STREET FREEPORT, FL 32439 FILED Apr 18, 2008 08:00 Al Secretary of State



04082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3273024

Applied For Not Applicable

5. Certificate of Status Desired

X \$

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEATHAM, ROGER D 160 MAPLE STREET FREEPORT, FL 32439

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	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida I am familiar wi	th, and accept
SIGNATURE	Signature typed or printed name of registered agent and title if	applicable (NOTE Registere	d Agent signature	a required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000907338 U5/U5/08-80034-011	158.75
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEATHAM, ROGER D 160 MAPLE STREET FREEPORT, FL 32439					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY STATIP				74 P.S. 	· •	

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:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

& Charthamp)

850.835.426