

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069325

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ACCURATE HAULING, INC.

**Current Principal Place of Business:**

1345 OLD PONDELLA ROAD  
N FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

1345 OLD PONDELLA ROAD  
N FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 65-0949845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUCK, ROBERT  
1345 OLD PONDELLA RD  
N FORT MYERS, FL 33903      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUCK, ROBERT  
Address: 1345 OLD PONDELLA ROAD  
City-St-Zip: N FORT MYERS, FL 33903

Title: VP ( ) Delete  
Name: ANTONACCI, MICHAEL  
Address: 1345 OLD PONDELLA ROAD  
City-St-Zip: N FORT MYERS, FL 33903

Title: S ( ) Delete  
Name: RUCK, ROSE  
Address: 1345 OLD PONDELLA RD  
City-St-Zip: N FORT MYERS, FL 33903

Title: T ( ) Delete  
Name: ANTONBERG, TINA  
Address: 1345 OLD PONDELLA RD  
City-St-Zip: N FORT MYERS, FL 33903

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

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

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

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: MICHAEL ANTONACCI

VP

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date