

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069325

FILED
Mar 30, 2009
Secretary of State

Entity Name: ACCURATE HAULING, INC.

Current Principal Place of Business:

1345 OLD PONDELLA ROAD
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1345 OLD PONDELLA ROAD
CAPE CORAL, FL 33909

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
CAPE CORAL, FL 33909 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: CAPE CORAL, FL 33909

Title: VP () Delete
Name: ANTONACCI, MICHAEL
Address: 1345 OLD PONDELLA ROAD
City-St-Zip: CAPE CORAL, FL 33909

Title: S () Delete
Name: RUCK, ROSE
Address: 1345 OLD PONDELLA RD
City-St-Zip: CAPE CORAL, FL 33909

Title: T () Delete
Name: ANTONACCI, TINA
Address: 1345 OLD PONDELLA RD
City-St-Zip: CAPE CORAL, FL 33909

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 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: TINA ANTONACCI

SECR

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date