2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P99000084165 J & L HAULING GROUP, INC. Principal Place of Business Mailing Address 319 NE GOLD DUST ROAD BRANFORD FL 32008 319 N E GOLD DUST ROAD **BRANFORD FL 32008** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3600940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SULLIVAN, LEE E Street Addross (P.O. Box Number is Not Acceptable) 319 NE GÓLD DUST ROAD BRANFORD FL 32008 City Zip Codo 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 Signature, typod or printed norse of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Dolete IIIII Change Addition SULLIVAN, LEE E NAME 319 NE GOLD DUST ROAD STREET ADDRESS STREET ADDRESS BRANFORD FL 32008 CITY ST-7IP CHY-ST-7P 05/15/07-80074-01由cd振幅.0面Addition TIME ☐ Delete TITLE. SULLIVAN, JOHNNY NAME NAM! 319 NE GOLD DUST ROAD STREET ADDRESS STREET ADDRESS BRANFORD FL 32008 CHY-SI-ZIP CHY-SI-ZIP ☐ Delete Addition NAML STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP CHY-ST- AP ☐ Change ☐ Delete Addition HILE HHE NAME. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THE Delete mic ☐ Change Addition NAME NAMI STREET ADORESS STREET ADDRESS CUY-ST-71P CHY-S1-ZIP THUE ☐ Delete ☐ Addition STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 chapter the properties of the corporation or the receiver of the properties of th

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 125 | Day of the Printed Name of Signing Officer OR DIRECTOR 125 | Day of the Printed Printed Name of Signing Officer OR DIRECTOR 125 | Day of the Printed Print