


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 693407</b>	
1. Entity Name CENTER STATE HARVESTING AND HAULING, INC.	

Principal Place of Business 150 EIGHTY FT. ROAD BARTOW, FL 33830 US	Mailing Address 150 EIGHTY FT. ROAD BARTOW, FL 33830 US
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (1/1/05)

4. FEI Number 59-2102140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BEASLEY, ANDREW J., JR 618 OHLINGER RD BABSON PARK, FL 33827	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and trust if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BEASLEY, ANDREW J., JR 618 OHLINGER RD BRONSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD BEASLEY, JONATHAN I. 1233 SO HIGHLAND PARK DR LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BEASLEY, III, ANDREW J 3312 ALT 27 S. LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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01/29/08-80039-014 150.00

**DO NOT WRITE  
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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: Andrew J. Beasley Jr. 1-23-08 863-537-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #