

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003193

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: HAWG WILD HAULING, INC.

**Current Principal Place of Business:**

2590 UNION ROAD  
FLORALA, AL 36442

**New Principal Place of Business:**

**Current Mailing Address:**

2590 UNION ROAD  
FLORALA, AL 36442

**New Mailing Address:**

FEI Number: 20-2780500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CROSS, ROGERS  
6320 OLD RIVER ROAD  
BAKER, FL 32531 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: ROGERS, MICHAEL E  
Address: 2590 UNION ROAD  
City-St-Zip: FLORALA, AL 36442

Title: O ( ) Delete  
Name: ROGERS, CRISTI L  
Address: 2590 UNION ROAD  
City-St-Zip: FLORALA, AL 36442

Title: S (X) Delete  
Name: MOUNT, JOHN M SEC.  
Address: 353 THOMAS DR.  
City-St-Zip: LAUREL HILL, FL 32567

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

Title: P (X) Change ( ) Addition  
Name: ROGERS, CRISTI L  
Address: 2590 UNION ROAD  
City-St-Zip: FLORALA, AL 36442

Title: S (X) Change ( ) Addition  
Name: ROGERS, MICHAEL E  
Address: 2590 UNION ROAD  
City-St-Zip: FLORALA, AL 36442

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: CRISTI L ROGERS

P

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date